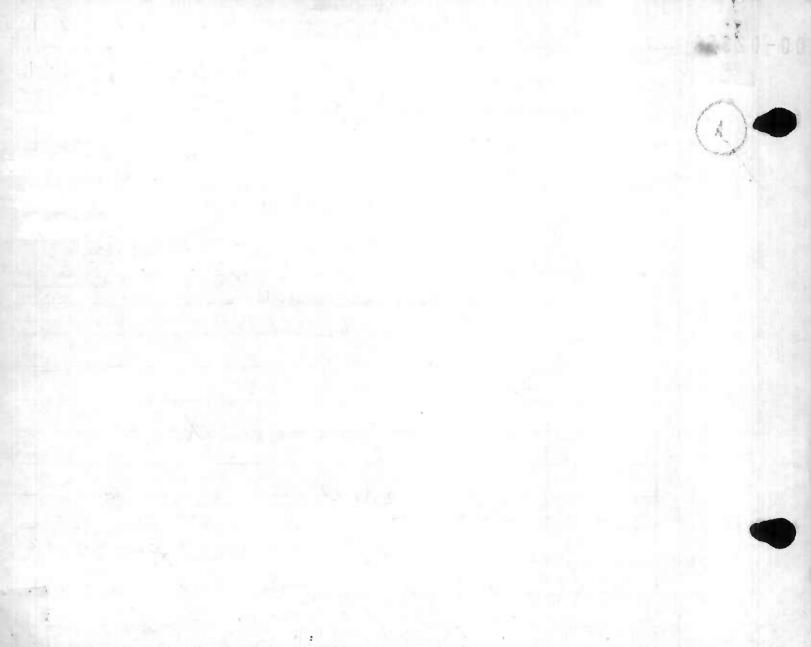
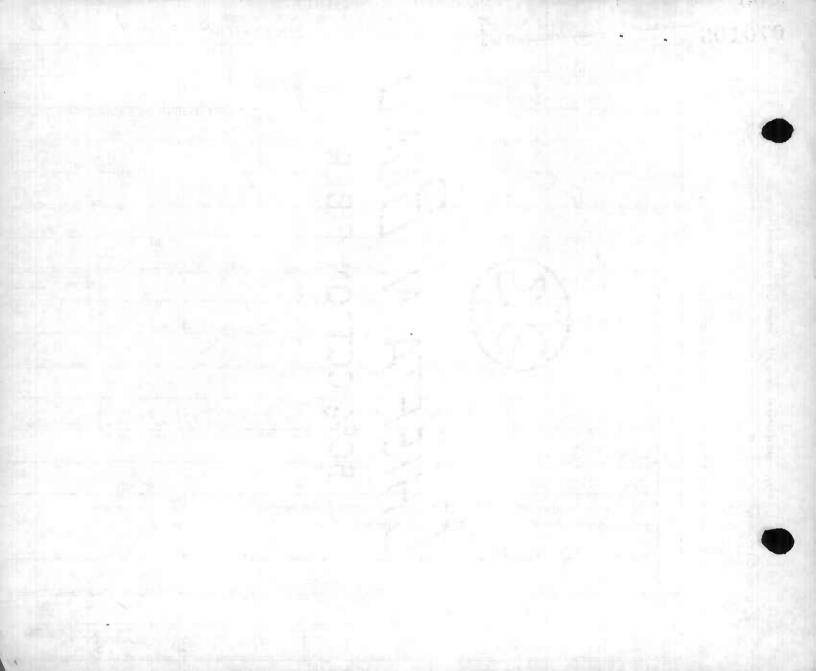
					STAT	E OF MARYLAND	25 2	-	779	0.7
00051	1-	FOR STATE REGISTRAR		DEF		EALTH AND MENTAL HYO	REG. NO	0 .	9	11
- 0 2 3 5 4	1 DE		151	MIDDLE		AST			29 YEAR 8 626.	HOUR
be 33		OPERINI) -	EREMIAH	FRA	NCIS	REGAN	3/29/4	36	3	3 PM
pog pog	8 6E		4 RACE		5 DATE O	OF BIRTH 30 YEAL 6	6. AGE TIN YEARS LAST BUT	HDAY) IF U		UNDER 24 HRS
~		Male	Whi	te	6	30 16	0	YRS		
(N)	1-81	RTHPLAGE (STATE OR FOR	76 CITIZE	N OF WHAT COU	MARRIE	D XX NEVER MARRIED	9 BALTIMORE CITY D	R COUNTY OF	DEATH	
TUX		Maryland .	1	u.s.A.	WIDOW	DR OTHER INSTITUTION	Baltimo	re City	26 KIND OF BU	M[
1/03		TY OR TOWN OF DEATH	(IF NO	TINSTE CILITY CHE	STORET ADDRESS	IN OTHER INSTITUTION		WOMEN AIRES I	NDUSTRY	
X Z		Baltimore	DIME OR OTHER INST	sersity H			Retired Su	peruso	r Post	MARKE
35	13a. S	TATEA . 1436	Howard	Colu	mbia	YES NO THER'S MAIDEN NA	7464 Sett		.way. 2	1045
1 19/12/	11.00	Jeremi	ah MIDDLE	Reg	s a n	Margar	WIDDLE		Crum	amo n
1/40	160 V	VAS DECEASED EVER IN L	S. ARMED FOR	CES? 166 SOCIA		17 INFORMANT	7976 DRU	N Roat		mere
	4		WW TT	ATES) 216-0	3-5955	Larry Regar		MD. 2		
1 11.9	-	18 CAUSE OF DEATH (E		1		730-9	1	MD. Z	APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
phys npop movo vent,		PART I. DEATH WAS	CAUSED BY-	Cia	dismly	roun Frels				
ding orboi or rel		INVA		TO, OR A A CON	SEALIENCE OF	9	1			1 .
stens ton, som,		Conditions, if any, wh	nich ((b) 11 es	It Ar	Bule Fail	ul			
the contraction of the contracti		gave rise to immedi couse (a), stating	the DUE	TO, OR AS ACON	SEQUENCE OF					
d by eose ol, cr			ost	(c) 1m	un	mun				
uires en pl buri ury, c	z	PART 2 OTHER SIGNIFIC	CANT CONDITIO	ONS CONTRIBUTION	G TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
y mi	TIO	190 DATE OF OPERATION	1 1106	CONDITION FOR A	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS	SUSED
os berm	CERTIFICATION	149 DATE OF OPERATION	170	COMPINOTATOR	WHICH OF ERATIC	NAS FERI ORMED	YES IN NOTA		G CAUSES OF	
The hore hore hore hore hore hore hore ho	ERT	21a ACCIDENT WAS UNDERLY	ING 21b.	TIME OF INJURY		21c HOW INJURY OCCUP				
phys phys phys tol Hy		OR CONTRIBUTING CAUS	COLDENIN	UR A.M. MONT P.M.	H DAY YEAR					
ding ding is ce burid Men	MEDICAL	116 EITHER NOTIFY MEDICALE 216 INJURY OCCURRED	21e	PLACE OF INJURY		211 LOCATION	CITY OR 10	MATIN .	COUNTY	STATE
ond ond	ME	WHILE NOT WHILE	O IATH	OME STREET FACTORY	OFFICE FARM ETC)	STREET	CITORIO	40.14	7/	31816
or or of the mor mor		220 I certify that (I) (the		ed he deceased	from 2/	14/80 19		19.	30 tho	t (I) (we) los
TOR TOR PI HE		sow the deceased o	live on	149	_19_8/0	nd that in (my) (our) opinion	deoth occurred on the d	ote and hour or	id from the cou	ises stoted
IREC hed the tem		72b. SIGNATURE	(did fior) view in	e body offer deom.	1.	DEGREE	~		22c. DATE SIC	SNED
the the District of the Distri		1/2/0	Mas	non	_ W	ATTENDING PHYSICIAN	MEDICAL STA		3/2	9/80
SPIT NER DE DE DE STORE	1	220 PHYSICIAN'S NAME	(TYPE OR PRINT)	1		22e ADDRESS	- /			,
O HOSPITAL eroined by the TO FUNERAL should be determined the State MAPORTANT:		13480	TERN	1AIV		1 22	In breen	Ba	ltimore	MD.
5 5 5 4 3 E		BURIAL, CREMATION, REA				CEMETERY OR CREMATORY			OUNTY	
BP		Burial	4	/1/86	Meadow	idge Memorial	Pk. Dorse	.y		MD .
	24 F	WIND MINGTOR RU	ssell C	. Witzke	Funeral	Homes P. A 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAI	S SIGNATUR	E
DHMH - 16 60M 7/84 (VRA 15, 4)		1630 Edmonds	on Aven	ue Catons	ville. 1	1D. 21228	and the second second	Solin No	A COLUMN TO THE PARTY OF THE PA	



			LTE	ems 1	9ax 1920	- pex	STATE OF	MARYLAND					
On	000-	11-	FOR STATE /et	ter -	M. A. KORE,	DEPARTM	ENT OF HEALT	H AND MENT	TAL HYGIEN	E 6	0 7	9 7	2
U	0105		REGISTRAR	3/31/8	6 DAD ME	DICAL EX	XAMINER'S	CERTIFICA	TE OF DEA	TH REG.	NO.		6-00
	10		CEASED NAM	E FIRST		WIDDLE		LAST		OF ESTI-	X MONTH	DAY YE	AR 25 HOUR
	23.8.8.8.	1		BEVER	STA	Α.	REID			DEATH MATED	□3-3-	86 19	N
	PLEASE FCTOR FILES STREET	3. SE	X	4. RACE	S. DATE OF BIRTH	YEAR 6	AGE (IN YEARS IF L			2c DATE PRONOUNCED	HTMOM	DAY YE	EAR 2d HOUR
	DIR DUR JN 2	f	emale	black		1956	29 YRS.	VINS DATS HO	DURS MIN.	DEAD	3-3-	86 19	3:30R
	FUNERAL DIR 5 FOR YOUR 5, WITHIN 72 W PRESTON		IRTHPLACE (S	STATE OR	76. CITIZEN OF W	HAT COUNT	RY? 8 MAR	RIED T NEVER	MARRIED	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	1
	AND SERVICE OF THE PROPERTY OF		Md		USA		WIDO	WED D	IVORCED	Baltimore	City		MD
	PAGE 5	1	ITY OR TOWN		11. NAME OF HOS		ING HOME, OR OT	HER INSTITUTION	N 12a USU	AOST OF WORKING LIFE	TYPE OF WORK	17b. KIND OF	F BUSINESS. USTRY SOCTA
	PA PA	k	Baltimon		Providen	t Hosp	ital			•		Secuit	y Adminis
5	A SAIN		AL RESIDENCE	(IF IN NURSING HO	ME OR OTHER INSTITUTION, G	130 CITY C		13d. INSIDE CITY LI	IMITS? 13e STRE	EET ADDRESS		444	
212	AND 3 TO 1 RETAIN PARTICULO BE FA	1_	Md	-		Balti		YES X N		O Belle A	venue	21215	
WD	1 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	14 F.	ATHER'S NAM	E	WIDDLE	LA		IS. MOTHER'S	MAIDEN NAME	MIDDLE		LAST	
E,	OF A P			tcher	E.	Jone	S	Edith				Brown	
IMO	VE PAGE VE PAGE I FORM GES 1 AI SION OF	160.	WAS DECEASE (ES, NO, OR UNKNO NO	DEVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)		AL SECURITY NO.	17. INFORMAN		ADDŖI			
IALI	2>-00/		No		1	214-	64-4425	Kirby R	Reid 130	6 W. Lanv	ale S	treet	
- 2	WITH PA	143		OF DEATH (Ente	r only one cause per line	e far (o), (b), a	and (c).)	Et IV		1 1 1		BETWEEN C	MATE INTERVAL DNSET AND DEATH
N S	24 HO ITEM 1 ONG PERM SIENE, VAL.		I AKT TO	IMME	DIATE CAUSE (a) Bi			horaces					
EST	ファイヒン〇		Condition	ons, if ony, wh	data		EQUENCE OF						
er.	NITHIN NCIL IN INER INER ITAL H	1	gave r	ise to immed	iate (b) TE		<u>uuciicu</u>	7-1-7-	dic i		-		
× ×	一		lying co	i) stating the <u>uni</u> use last.	DUE TO, OF	AS A CONSI	EQUENCE OF					No.	
5,2	요. 교육원은		DADY 2 OTHER C	TENTICANT CONOIT	(c)	AUT NOT ATLAST							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	PE EXECTED BE EXECTED BY WEDICAL AS A BU CREMATH AN	z	FAKI Z UTNEK S	IGNIFICANT CONOIL	ONS CONTRIBUTING TO DEATH	BUI NUI RELAIE	UTU THE TERMINAL UISE	ASE OR CONDITION GIVI	EN IN PART 1 (a).				
E		1 8	19a, DATE OF	FOPERATION	196 CONDI	TION FOR W	HICH OPERATION	WAS PERFORMED	0? — ;	1		20 AUTOF	DSV2
1×		CERTIFICATION	03/0	3/01	DILAT	AtION	+ CUR		TubA	1/24:00	,		
<u> </u>	WORD WORD WORD WORD WORD WORD WORD WORD	1 1		AL CAUSE WAS	21b. TIME O	FINJURY	21c	HOW INJURY OC	CURRED LENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR P	YES \$	ξ] NO □
0	RTIFICATE SING THE WO TO THE CO SHOULD BE PARTMENT RIOR TO BU		UNDERLYING	G XOR	HOUR A.A	1. M3NTH -	86 YEAR						
Sio	CERTIFICA TING THE DED TO THE 3 SHOULD DEPARTM I PRIOR TO	MEDICAL	21d INJURY		21e PLACE	OF INJURY	(AT HOME. 211 L	nerapeuti	ıc mısad	venture_			
2	ARITINA ARITINA ARDED GE 3 S. CE 3 S. ZOI PR	×	WHILE AT WORK	NOT WHILE	STREET, FACE	pitaT	Pr	ovident	Hospita	l Baltin	ore.	Marylar	nd STATE
	E, VERWARKWARK STA												
	TOR: TOR	13-	death result		narge of the remains de	Accident		psy . Ins	spection .	Inquiry	and in my a	pinion	
	CAMI REC NITH NRYL		death result	red fram:	atural causes .	Accident		TITLE (SPEC		ermined manner	٦,		
	CAL EXA THE CER SHOULD ERAL DIR SATH, WI		ACTUAL SIGNATURE	Moun	U stoll es	(1.11			stant MEDI	CALEVALINED	DATE		1 00
	SET	7	1000			• • • • • • • • • • • • • • • • • • • •		M.D. ASSIE	S COLLECT	ICAL EXAMINER	SIGN	ED	1-80
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH TILL BALTIMORE, MARYLAI	-	EXAMINER'S (TYPE OR PR	NAME INT)	Margarit	a A. K	orell,M.D	ADDRESS_ 1	111 Penn	Street			
	DAY DER	23a.B		TION, REMOV			ME OF CEMETERY		23d LO	CATION	COL	JNIY	STATE
07/B4	BP			ial	3/10/86	Cro	ownsville			cownsvill			Mď
25M	DHMH - 17		UNERAL DIRE		ADDRES:	4000		250.	DATE REC'D. BY	REGISTRAR 25b RE	GISTRARS	SIGNATURES A	ingleBle
	(VR A15 ME (5))	M.	IIIIam	U. Marc	h F/H West	4300 V	Vabash Av	enue	MAR	1 1960 7	0,100		



0797	1-	FOR STATE REGISTRAR	DEPART		FICATE OF DEATH	REG. NO	0	7 9	7 3
76		CEASED NAME FIRST Margare	MIDDLE	Re	inecke		B // S		26. HOUR 12:59AM
n other d	1.56	Female	White	5. DATE (DF BIRTH 8 31 1896	6. AGE (IN YEARS LAST BIRT	YRS		HOURS MIN.
The The		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Balti	RCOUNTY OF More Ci	ty.	MD.
1	10 CI	Balto. City	11. NAME OF HOSPITAL, NURSI (# NOT IN SUCHFACILITY, GIVE STREE Francis Scot			120 USUAL OCCUPATION OF OF WORK FOR MOST OF MOUSEWII	ON E WORKING LIFE)	26 KIND OF NDUSTRY NOME	making
11.35	130 S	at Residence (IF NURSING HOME OF STATE 136 COURSE)	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE TO TOTAL TOT		13d. INSIDE CITY LIMITS? YES NO Z	1830 North	ZIP CODE Pt. Rd.	. 2122	
1080	14 FA	THER'S NAME FRST John	MIDDLE LAST Neubai	ıer	is mother's maiden na First Cather	ine		Bode	nschatz
12		VAS DECEASED EVER IN U.S. AR res. no or unknown) (1F yes, giv	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 218-30-		Vernon W. Re	ADDRE inecke 7502			Circle
B 1 1		PART I. DEATH WAS CAUSE	ily one cause per line for (a), (b), a D BY: TE CAUSE (a) Cardia	4	rest			APPROXIN BETWEEN O	MATE INTERVAL INSET AND DEATH
otherdio oper corib stion, or r sumotic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	-	Failure			14/	4.
d by the lease resolution of cremo		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU					141	les.
c. Then place to be but y injury, or	TION	arrive To	conditions contributing to	PI	veumonia				
7	CERTIFICATI	190 DATE OF OPERATION	196. CONDITIÓN FOR WHICH	1 OPERATIO		200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES (GS USED OF DEATH?
Paralle Paralle	AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH E	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1	OR PART 2)	
on the bu	MEDIC	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	WΝ	COUNTY	STATE
of Heal		saw the deceased alive an abave, (I) (we) didited no	tal) attended the deceased fram 19 11 view the bady after death	Mare	nd that in (my) aur apinian	ta March death accurred on the do	ite and have an	86, to	hat (11 (We) last auses stated
detocher detocher hors Dep		226 SIGNATURE ROLL	et Fisher	M.	ATTENDING PHYSICIAN	MEDICAL STAF		3/11/	SG.
D FUNES hould be of the St		22d PHYSICIAN'S NAME TYPE OF ROBER	+ Fisher M	4	4940 Eastern	Ave. bacti	redical Ce	de 21229	1
	(BURIAL, CREMATION, REMOVAL Burial	3-14-86	ak La	wn Cemetery	23d LOCATION			
1 - 16 60M 7/B4 VRA 15, 4)	3	INERAL DIRECTOR NAME ASSAHN FUNETS	ADDRESS	4 - 10 - 4 - 5 10	0.21236 1250 DAJ	E REC'D. BY REGISTRAR	256 REGISTRAR	SIGNATU	R6

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	6 (970	774
1 DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONIH DAY	YEAR 2	HOU
Doro	thy E	RE	ITH		3 - 28-		2:25 AM
3 SEX Femple	1 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF U		UNDER 24 HRS
To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Hary Land	USA	MARRIE WIDOWE	D NEVER MARRIED XX	Baltin Baltin		ity	MD
Baltimore	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Mercy Hosp	REET ADDRESS!		(1) USUAL OCCUPATION (1) PE OF WORK FOR MOST OF CLERK. CUS	WORKING LIFE	House	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU. Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BE	OWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / 8 E. Heni	ZIP CODE	2	21230 alto.M
Peter (John Reit	h	Elizabe		_	Kloid	
160. WAS DECEASED EVER IN U.S. A (YES, NO OF UNKNOWN) (IF YES, G	INE WAR OR DATEST		Elisabeth	G.Erhardt			vood F
PART I. DEATH WAS CAUS	anly one cause per line for (a), (b) SED BY: ATE CAUSE (a) CA-di		lure			BETWEEN ONS	TE INTERVAL SET AND DEATH
	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING Rectum	QUENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	N PART TIO	
OF THE OF OPERATION 3-17-76 210. ACCIDENT WAS UNDERLYING	Rectal Bleed	/	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING	S USED F DEATH?
	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	(OR PART 2)	
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF	ICE FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
saw the deceased alive a	pital) attended the deceased from1	9, a	, 19	death accurred an the do	19, 19_		
22d PHYSICIAN'S NAME (TYPE	Com no		ATTENDING	MEDICAL STAF	F IAN		9-86
J. S.	. Rosen, Mo		301 St. PA	orl Place	Bolt.	md	21202
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	3/31/86	Holy (emetery or crematory Cross Cemt.	Balto. A	.A.Co	.Mary]	Land
McCuTiy Funera	Balto.Md.212 al Home, 130	.Fort		AAR 3 1 1986	256 REGISTRAF	R'S SIGNATUR	indalla.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

DHMH - 16 60M 7.

(VRA 15, 4)

, 1						OF MARYLAND	20 /			
	1 -	FOR STATE		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0	7 9	7 5
	1 05/	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG. N	MONTH DA	Y YEAR	26. HOUR
10		OR PRINT) CHARLEN								28. HOOK
	2 (5)		4. RACE	ROBERT	5 DATE C	ADES	MARCH 6. AGE (IN YEARS LAST BI	6, 198	6 UNDER I YEAR	FUNDER 24 HRS
	3 SEX	MALE	BLACK			DAY YEAR	/	MO	INTHS DAYS	HOURS MIN.
-				9-5-67-0-5	OCT	. 22, 1920	65	YRS.		
X		COUNTRY		WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C)F DEATH	
		VIRGINIA	US of		WIDOWE	DIVORCED		MORE C	ITY	MD.
	10 CI					PROTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUS SES PORT
his		BALTIMORE		PATON"AVE			MAIN. SUF	ERVISO	R BAL	TO. FED.
21	130 S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION. TY	136 CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
June		MA RYLAND		BALTIMO	RE	YES NO	3411		AVE.	21 21 5
	14 FA	ATHER'S NAME	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
98		HERMAN		RHOADE	S	MARY			RHOAD	
-		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS	-101000	
	, ,	AEZ NO ODNOMN) (14 AEZ CINE	WAR OR DATES	214 14	2890	MRS. CATHER	INE M. HENE	EY 341	1 PATO	N AVE.
		18 CAUSE OF DEATH (Enter onl	y one couse per	line for (a), (b), an	id (c· III				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY: E CAUSE (0)	MALE	u.K.	11 201 l	1 di du			
		IMMEDIAI		R AS A CONSEQU	cucros/	Jarlenex	ellia for	- 0	4	
		Conditions, if any, which	DUE TO, O	K AS A CONSECU	Leich	enulacard	18-2-01 1 W	a dua	200	
		gove rise to immediate couse (a), stating the	10)	10		5				
		underlying couse lost	DUE TO O	RAS A CONSEQU	white	usidenson ul	wo dex	eaco		
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART 10	0
	NO			æx	ear	ua				
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
6	TE						YES NO	IN CERTIFY!		OF DEATH?
0	CERI	21a. ACCIDENT WAS UNDERLYING				216 HOW INJURY OCCUR				
4		OR CONTRIBUTING CAUSE OF DEA	In .	M. MONTH D						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE		19	21f LOCATION				
	ME	WHILE NOT WHILE D	(AT HOME STR	EET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
		22a I certify that (I) (this haspit	al) attended th	a decensed from	Juli	1082	- dela	19 10	26	that (I) (we) lost
		sow the deceased alive on.	Jell	-19 19 1	76 of	d that in (my) (ear) opinion (death occurred on the a	ote and hour c		
	123	obove, (l) (we) (did) (did not) view the body	ofter death.		DEGREE			77c DATE	
		0/11/11/11/11/	1.0. B	-//00	/	ATTENDING	MEDICAL STA		> 1	L Q1
-	3	1724, PHYSICIAN'S NAME (JYPE OF	PRINT	non		PHYSICIAN 77e ADDRESS	DIRECTOR PHYSI	CIAN	D-1	100
		CARRELE	MUOT	Poroit.	ZMI	D CC10-20	who Do	0.00	920.	Of mid
-	-	1956 by 11.	170			1 COULS NO	in beinge	in ca,	(de	ou my
		BURIAL, CREMATION, REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	04.5:	BURIAL	3/21/	86 CR	EST L	WN CEMETERY	MARRIOTT		(HOWA	
/84	24. FL	LEWIS T. GWYNN	1 2420 -	ADDRESS		25a DATI	EREC'D. BY REGISTRAF AR 1 7 1986	256 REGISTRA	AR'S SIGNAT	Jande 12
		LEWIS T. GWYNN	4517	ARK HEIG	HIS A	VENUE IVI	41/ 1 / 1300			78

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00-	0 B6 5	6	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH /		6 0 7 REG. NO.	7 9 7 6
noy be	propr 3	1	DECEASED NAME FIRST YPE OR PRINT) CORN SEX	ELIA RACE S. DATE OF BIRTH	20. DATE O	3-26-	-86 3.49 M
Page 4	describe hours off	70	FEMALE BIRTHPLACE ISTATE OR FOREIGN	COL 7-4	- P BALTIMO	ORE CITY OR COUNTY OF DE	Toxio Mine
her death.	The Target		CITY OR TOWN OF DEATH		R INSTITUTION 120 USUAL		MD. KIND OF BUSINESS OR DUSTRY
hours of	111 7	4	IL STATE 136 COL		SIDE CITY LIMITS? 136 STREET	ADDRESS / ZIP CODE	
within 2	A STAND	1	FATHER'S NAME FIRST D.	MIDDLE LAST 15 MOT	THER'S MAIDEN NAME	MIDDLE MIDDLE	LAST 21223
e suscribed	Poges 1	16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY NO. 17 INFO	ORMANT	AUDESS ADDRESS UNA-2732 Grus	21218
Adams b	AN		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line torio), (b), and ic ED BY ATE CAUSE (a) Cardiopulmo	mary arres		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce			Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	- Left.		
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	Shed for a		22b. SIGNATURE	n 3 - 2 6, ond that in ot) view the body alter death. DEGREE	(my) (our) opinion death occurre	22	1rom the couses stated 2c DATE SIGNED
OSPITAL	FUNERAL DIG be deto		22d PHYSICIAN'S NAME (TYPE	08 PRINT) 22e AD	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN X	3-26-86.
2	24,34	23	BURIAL, CREMATION, REMOVA	4. 0. 7	-1 3		NIX O STATE
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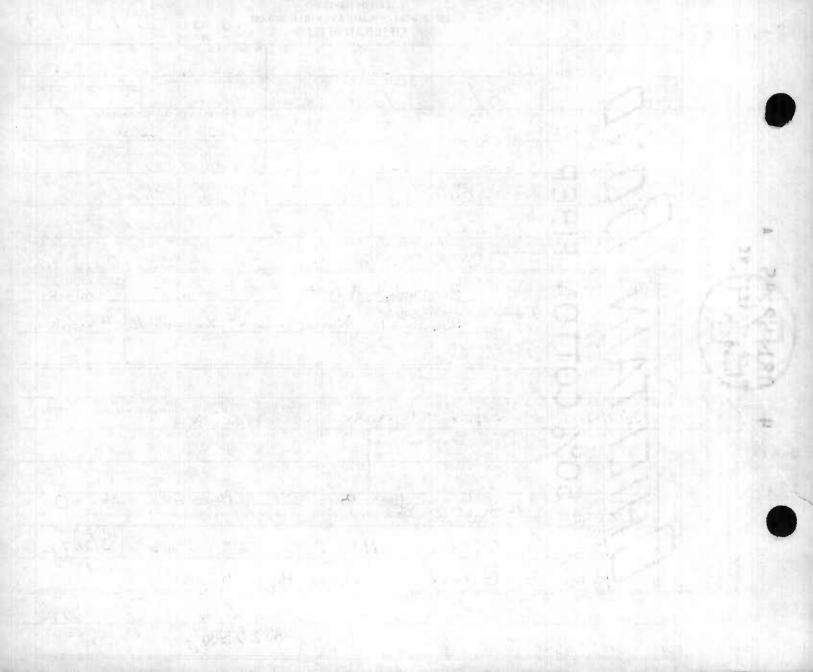
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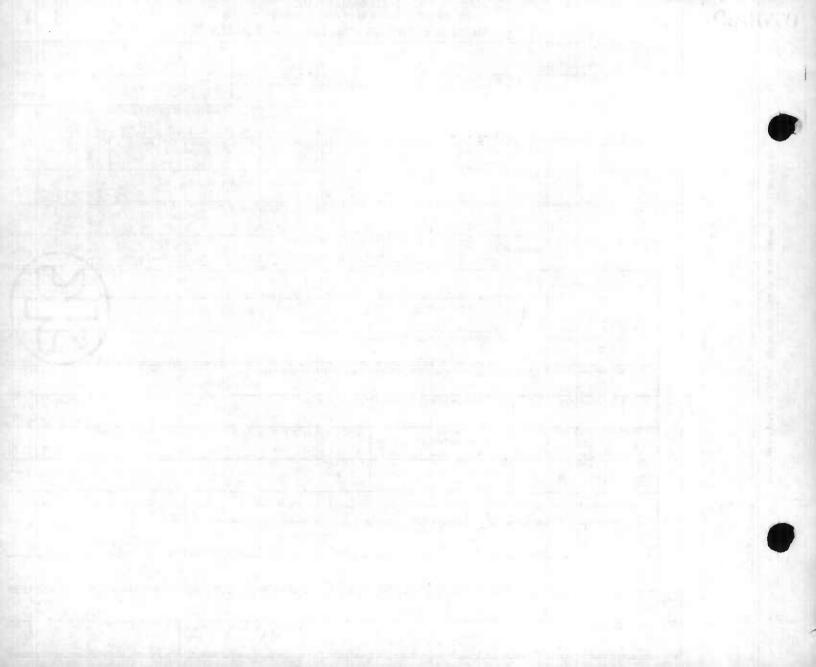
	1	FOR		STAT DEPARTMENT OF I	E OF MARYLAND		FMP			
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- y m/		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH N	ONTH DAY	YEAR 26	HOUR
deoith deoith	1	HENRI	ETTA	R	CICE			3 28	86	
000	3. SE		4 RACE	S. DATE (OF BIRTH		6 AGE (IN YEARS LAST BIRTH	DAY) IF UN		UNDER 24 HRS
rs af	F	EMALE	В	MONT 7	31	94	91	YRS		
hour hour		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MAR	RRIED -	BALTIMORE CITY OR		DEATH	SHOP
2 8 7		ARYLAND	U.S.A.	WIDOW			BALTIMORE	E, CIT	Y	M
B	2	ALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, O JOHN HOP!	GIVE STREET ADDRESS)	OR OTHER INSTITU	NOITL	120 USUAL OCCUPATIO		NO STRY	USINESS O
1	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)					,	
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Short		ATHER'S NAME			15. MOTHER'S M.	_	AE .			
であり		CHARLES		YLER	SARA	H	WIDDLE		LAST	
2	160	WAS DECEASED EVER IN U.S. AS		IAL SECURITY NO.	17 INFORMANT		ADDRES	S		
pod l		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	KNOWN	JAMES	THOM	AS 1102 E	. 20th	STRE	ET
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othe		underlying cause last	DUE TO, OR AS A CO	DNSEQUENCE OF			or receto.			
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Then to b	o N									
The Day	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORM	NED	20a AUTOPSY?	20b. IF YES, WE		
ows ows	TE						YES NO	YES _		NO [
Hygi Hygi	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	ORPART 2)	
ntol ntol	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	NIH DAT TEAK						
ar #	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION		CITY OR TOW	N	COUNTY	STATE
ond ked	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE FARM ETC)	SIMEEL		CITY ON TOW			STATE
als a		22a.1 certify that (I) (this hasp	ital) attended the decease	d from		19		. 19_	tha	t (li (we) la
2 From		sow the deceased alive or	n	19	nd that in (my) (au	r) opinion d	eath accurred on the dat	e and hour and	from the cou	ses stated
en		22b. SIGNATURE	0 0 -		DEGREE				22c. DAJE SIC	SNED
H. H.		D. Submit	ndan	M.L	ATTE	ENDING	MEDICAL STAFF	AND	#101	186
AN Stor		226. PHYSICIAN'S NAME (TYPE			22e ADDRESS				-7	/
with the Sto		D. SHAM	MIDDUZ		8709	H	ARFORD	RD.		
Shoot Hwy PMPO		BURIAL, CREMATION, REMOVAI	236 DATE	23c NAME OF	EMETERY OR CRE	MATORY	23d LOCATION			
		BURIAL	4-2-86	KIN	G		RANDALL		MAF	RYLANI
	-	UNERAL DIRECTOR				250 DATE	RECD. BY REGISTRAR 2	b. REGISTRAR	SSIGNATUR	E
6 60M 7/84	V	M.C. MARCH F		ADDRESS 1 F. NO	RTH AVE	. ^	PP 0 4 1006		wada-A-	Manda

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) ERNESTINE RICH MARCH 20.1986 05:10RM 4 RACE 3. SEX DATE OF BIRTH IF UNDER I YEAR HOURS I STATE OF FULL ON L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED SEPIDIVORCED BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY OITY OR TOWN 13d. INSIDE CITY LIMITS? NO [15 MOTHER'S MAIDEN NAME MIDDLE 166. SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT [(IF YES, GIVE WAR OR DATES) (YES JAID DR UNKNOWN): APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Arrest 2 minute Kespirator IMMEDIATE CAUSE to). adeno carcinomo Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG O CERTIFICAT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 3/14/86 Deosis residenitis YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE AT WORK March 86 22a.1 certify that (1) (this haspital) attended the deceased fram, March 20 saw the deceased olive an_ and that in (my) (aur) opinian death accurred an the date and hour and fram the causes stated abave (1) we) (did (did not) view the body after death 22h SIGNAT DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN 22e ADDRESS S NAME (TYPE OR PRINT) Hoolins Hospita th t 0 23a BURIAL, CREMATION, REMOVAL 30 NAME OF CEMETERY OR CREMATORY COUNTY 24 FUNERAL DIRECTOR GISTRAR 256 REGISTRAR'S SIGNATUR DHMH - 16 60M 7/B4 (VRA 15, 4)



020020	1	FOR		DEPARTMENT OF		MARYLAND H AND MENTAL H	YGIENE	0 7	0 9	n		
070089	1-	STATE REGISTRAR	ME	DICAL EXAMIN			EDEAL O	REG. NO.	7 0	O		
	lane.		FIRST	WIDDLE	TER 5	LAST	20 DATE KNO		DAY YEAR	75 HOUR		
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Z S S T S S S S S S S S S S S S S S S S	1 ,	01-01	MONTH DAY 7 19	YEAR LAST BIRTHI	MOIN	HS DAYS HOURS	MIN PRONOUNCED	3-3-8	36	8:35P		
STOIL YOUR STOIL	7a. BI	ale Black	7b. CITIZEN OF W	01 01	RS.		9. BALTIMORE	CITY OR COUNT		M		
SE S		REIGN COUNTRY)	11.5		WIDOV	NEVER MARRI		re City		MD.		
W. W		aryland TY OR TOWN OF DEATH	IT. NAME OF HO	SPITAL, NURSING HOM			120 USUAL OCCUPATION	ON (TYPE OF WORK	126 KIND OF BU	JSINESS		
WD. 21201 2. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 3. SHOULD BE FILED. WITHIN 72 HOURS L. RECORDS, 201 W PRESTON STREET.	-	altimore	(#	acility, give street address)	1		FOR MOST OF WORKING		OR INDUST	RY		
AND SEED OF THE PROPERTY OF TH		L RESIDENCE (IF IN NURSIN	G HOME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS	SION)	Itaa Inside City Limits?) EU				
21201 ANY AND (RETAI BOULE RECOR		aryland	COUNTY	Baltimor	٩	YES X NO	13e. STREET ADDRESS 2404 Nev	ada Stre	et 2123	30		
AD. 33.2.		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	MIDDLE LAST				
RE, N		Lonnie		Richardson,	SR.	Jo A		Wi	lliams			
MOR MOR		AS DECEASED EVER IN		166. SOCIAL SECURI		17 INFORMANT		DDRESS				
BALTIMORE, MD. RS AFTER DEATH. III GIVE PAGES 1, 2, WITH FORM PM 3, PAGES 1, AND 2 S DIVISION OF WITH		0	120, 0112 1121 011 011 011	219-60-8	259	JoAn Wil	liams 2304	Nevada	Street			
WIT WITH		18 CAUSE OF DEATH (enter anly one cause per lin	e far (a), (b), and (c).)					APPROXIMAT BETWEEN ONSE	E INTERVAL		
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SIT ALCO	1	0171		R AS A CONSEQUENCE	OF							
E DEST		Canditians, if any, gave rise to imm	nediate (b)									
W CENTRAL		cause (a) stating the lying cause last.	DUE TO, OF	R AS A CONSEQUENCE	OF				LV:			
S HILL		BARLA ATHER CIGNICIONS CO.	(c)									
DIVISION OF VITAL RECORDS, WER: THIS CETTFICATE SHOULD BE EVENTED WRITING THE WORD "PENDIN FORWARDED TO THE CHIEF MEDIC OR: PACE 3 SHOULD BE USED AS A BIP THE STATE DEPARTMENT OF HEALTH AND 21201 PRICE TO BURIAL, CREMINA	z	PAKE Z UTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 tal.	100				
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VITAL RESPONDE OND "PE USED " PE USED Y UNIAL, OUR UNIA	E S						Section 199		YES X	NO 🗆		
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N A HE CONTRACTOR AND A STATE OF THE	ALC	UNDERLYING SOR		M. MONTH DAY YEA M. 3–3–86 19		doctrian st	ruck by an	auto				
CERTING TING THE TRING TO THE T	MEDICAL	214 INTURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	2 Tr. LC	CATION						
Na Carina	E	WHILE NOT WH	hgw	TORY, FARM, ETC.)	26	00 blk. Rus	ssel Strok TOWNE	altimorê	Maryl	and		
STANKY	1		ak charge of the remains de	scribed above held on	Auto	psy X. Inspection	n , linguity	, and in my ar	2000			
	1	death resulted fram:	Natural causes ,		vicide	Hamicide .	Undetermined manne		Jillion .			
EXAMNEL CERTIFICA ULD BE FO UD BE FO UNINTH THE		1	- A	(1)		TITLE (SPECIFY)			4 00			
A SOUTH A SOUT		ACTUAL SIGNATURE	Whenter Ul	reguell	^	Assistant	MEDICAL EXAMINE		3-4-86			
MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE,	1	EXAMINER'S NAME	1	1400			111 Days Ol					
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL THE C. O'UNERAL D. AFTER DEATH, D. BALTIMORE, M.		(TYPE OR PRINT)		rita A. Kore		, in a like out	111 Penn St	Teet				
なのが大点の人	10	JRIAL, CREMATION, REM		23c. NAME OF CI			23d LOCATION CITY OR TOWN	COU	NTY 5	TATE		
07/84 BP	CR	EMATION INERAL DIRECTOR	3/10/86	5 Greenmo	unt (Cemetery	Baltimore	Sh REGISTRAR'S S	Md.			
DHMH - 17			al Homes 1101	S Fact No. 15		MA	REC'D. BY REGISTRAR 2	NEOISIKAK 3.3	HONATOKE	2 5 -		
(VR A15 ME (5))		march Funera	al Homes 1101	Last North	n Ave	nue				C. C. S		



1201 Shandan APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH min PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20L IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred on the date and haur and liam the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN L uria 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VRA 15, 4) 1701

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IF UNDER I YEAR

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DHMH - 16 60M 7/84

FOR

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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 4/2/86

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley

22e ADDRESS

STATE OF MARYLAND

23d LOCATION

COUNTY Md.

Baltimore 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Schimunek Funeral Home, Inc. Brehms Lane, Balto, Md. 21213

Dr. Albert Bradley

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN T

4900 Belair Rd.

NO [

STATE

2h HOUR

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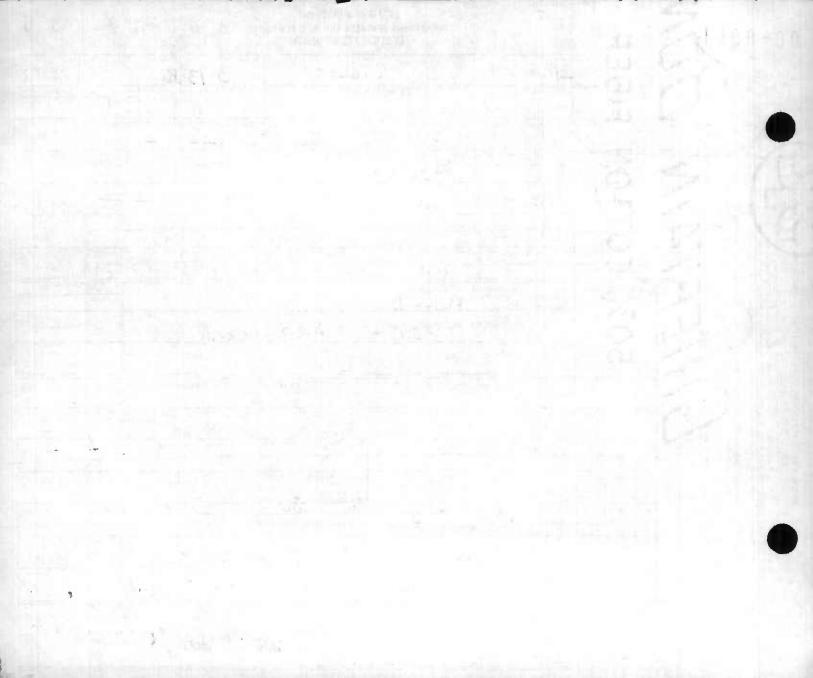
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

Walter Brooks Bradley Inc. Balto., Md. 21222

MAR 2 1 1986 Julia Maria

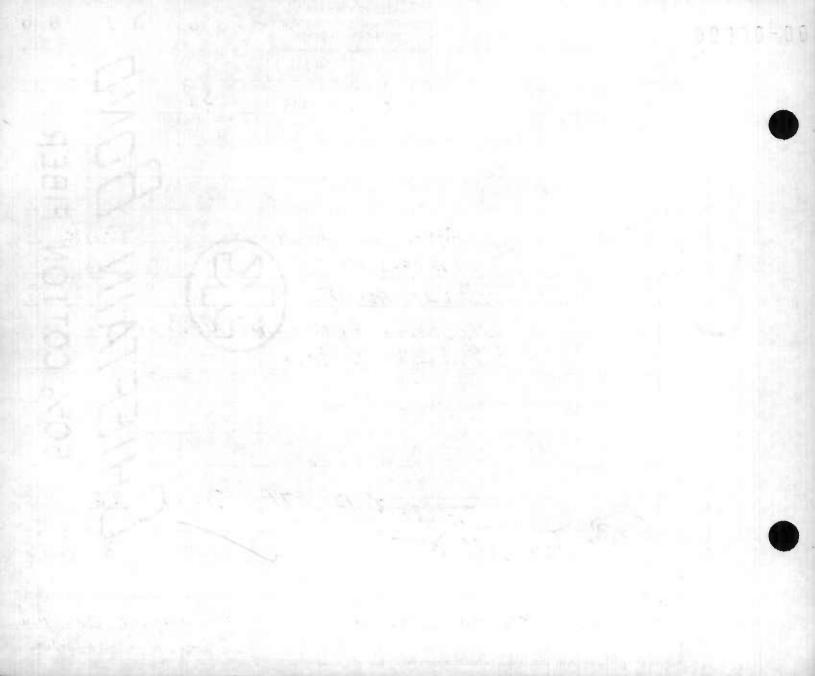
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noy be		CEASED NAME FIRST	MA	M.	R	I G LEX	20. DATE OF D	13/86	DAY YEAR	10:57M
ge 4 mo ector po	3. SE	Female	4 RACE	hite	5. DATE O	F BIRTH		90 YRS	FUNDER I YEAR	IF UNDER 24 HRS
merol dir		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE	17 C	OF DEATH	MD.
by the full with	10 C	BANT LIL	11. NAME OF I	HOSPITAL NURSIN	IG HOME O	ROTHER INSTITUTION UNITED NUTSING		CCUPATION OR MOST OF WORKING LIFE Maker		OF BUSINESS OR
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d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2	14. F/	Karl Bastiki	#1001E	LAST		15. MOTHER'S MAIDEN NA/		MIDDLE	LAS	ı
- 40 - / -	16n \	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		31.2
n ond c	(NO CE UNKNOWN LIFTES GO	(E WAR OR DAIES)	217 01	1094B	Kathleen Sm	ith 36:	18 Eitemil	ller Rd	21207
The person		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE		line for (a), (b), on	d (C)	AL VENEZ				IMATE INTERVAL ONSET AND DEATH
quere, that the death squeed by the others being please remove to be being the contraction.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((b) DUE TO, O	R AS A CONSEQUI	NCE OF	C ARRY			EN IN PART 10	0
	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPS	IN CERTIF	, WERE FINDIN	NGS USED OF DEATH?
HYSICIAN TO nding physics hy cartificate bucolificans d Mental Hyp or her if the	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTHY MEDICAL EXAMINE COLORED	HOUR A. R) P. 21e. PLACE	M MONIH D.	19	21c HOW INJURY OCCURE		RE OF INJURY IN ITEM 18 P	COUNTY	STATE
ATTENDENG 1 point o othe CTOR, After 1 for use or th of Health on	2	AT WORK NOT WHITE AT WORK 220.1 certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did not have)	ital) attended th	g deceased from	8	d that in (my) (our) opinion of	to death accurred a	3//3 on the date and hou	ond from the	that (I) (we) last causes stated
HOSPITAL OF COUNTY OF THE PART OF COUNTY OF THE PART O		276. SIGNATURE	Me Coppinity	My DAVILL	N	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	271 DATE 3/	SIGNED / SIGNED
5 5 5 5 3	73a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c	NAME OF CI	EMETERY OR CREMATORY	23d LOCATI		Mada	12:12
BP		Burial	3/15/8	36 W	oodlav	vn cemetery	Wood]		o. Co.	Tige Ph
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS	100	250	ENEC'S BYRE		RAR'S SIGNAT	URE '- CO
(VRA 15, 4)	Bu	rgee-Henss Fune	ral Home	e, 3631 F	alls I	Rd. 21211				



2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

(VRA 15, 41

STATE OF MARYLAND



		FOR			DEPART	STA MENT OF		ARYLAN AND M		IYGIEŅ	F 6		n :	7 9	8	7
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	ET,	(TITE OKPKINT)	GORD	NC	F.		RI	NEHAR'	\mathbf{T}		OF DEATH	ESTI- MATED	□ 3	1	1986	,
	FILE	3. SEX	4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YE			IF UNDER	24 HR5.	2c. DATE		MON	TH DAY	YEAR	2d HOUR
	DIR. OUR	Male	White	11 15	1952	22	RS.	DATS	HOURS	MIN.	DEAD		3	1	1986	4:3!
-	NECESSARY UNERAL DIR S FOR YOU WITHIN 72	To BIRTHPLACE		76. CITIZEN OF V		TRY?	8. MARRI	ED NE	VER MARRI	ED X	9 BALTIN	ORE CIT	TY OR CO	UNTY OF	DEATH	
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS.	Maryl		U.S.A			WIDOW		DIVORC	ED 🗆			e Ci			WE
1	SER GAR	10 CITY OR TOV	N OF DEATH	11. NAME OF HO			E, OR OTH	ER INSTITUT	TION	FOR I	MOST OF WOL	KING LIFE	(TYPE OF WO	. 0	IND OF BU	RY .
11	AD BY	Baltimo		St. Agr				0.00		Sel	6 -Er	nploi	yed			apher
1 100	AND S	130. STATE Marylan	1736 COI	inty timore		BEFORE ADMISSI OR TOWN UTUS	ON)	13d. INSIDE (1	TY LIMITS?	13e STR	8 GL	oria	Ave.	Arbu	itus,	Md.
9	TOURS TO	FATHER'S NA	ME	WIDDLE				15 MOTHE				AIDDLE				
12	33232	Howar	d	MIDDLE	Rineh	art		Ri	ta		^	V.		Mil	ler	
OWI	N N N N N	YES, NO, OR UN	SED EVER IN U.S.	ARMED FORCES?	311	IAL SECURIT		17. INFORM			R 1	ADDE	Box	241		
IALT	S AFI	(YES, NO, OR UN			219-	56-715	0	Jean	Robe	erts	Del	ta, i	Penns	ylvar	via 1	7314
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	3. SE)		SEPH ALLEN		DER 1 YR. IF UNDER :		3-10-8	AY YEAR	2d HOUR
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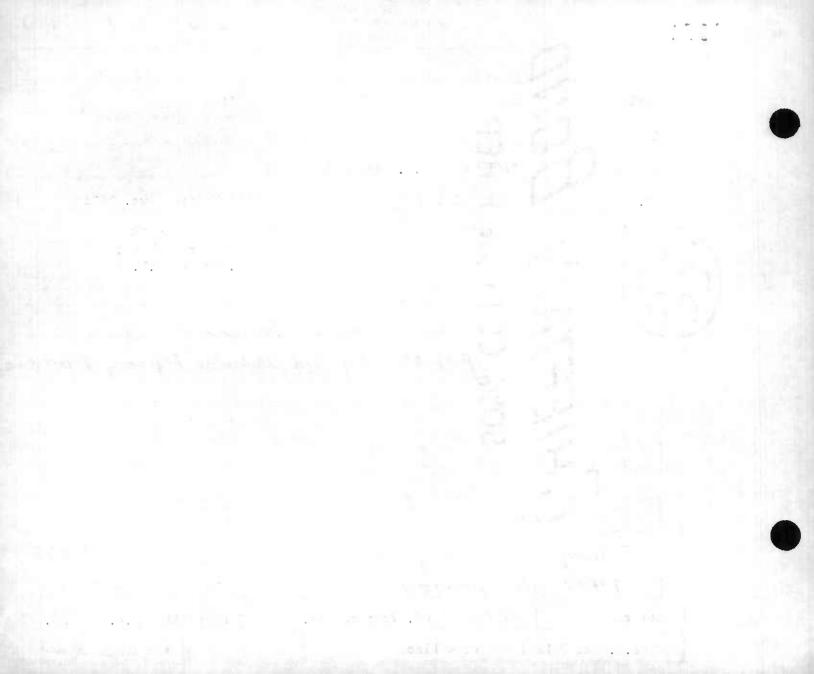
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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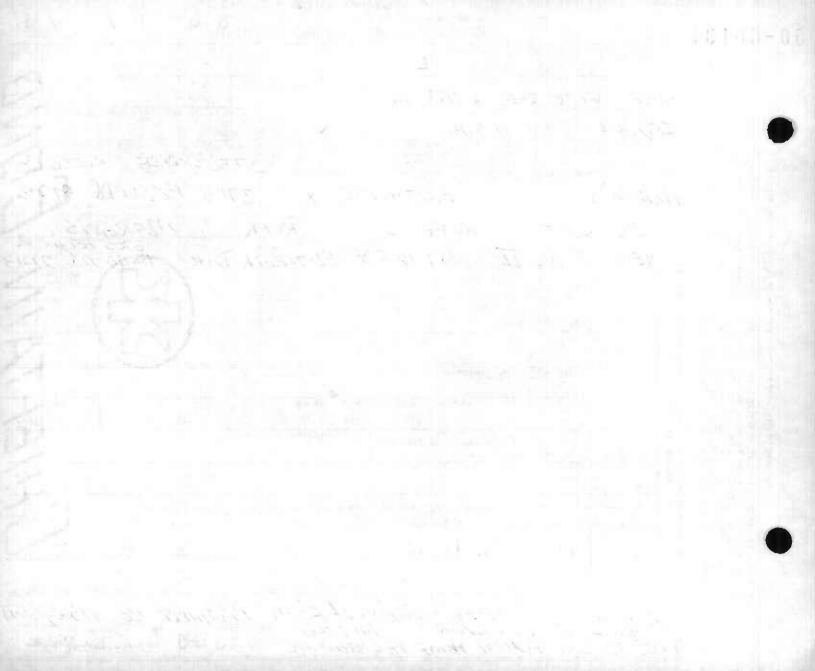
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DEPARTMENT OF HEALTH AND MENTAL HYGIENER - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DAY (TYPE OR PRINT) ESTI-DEATH MATED Robbins 3-11-86 19 Richard SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED WHITE DEAD 3-11-86 19 D:10P 70 BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 5 FOR DIVORCED Baltimore City WIDOWED M ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CUPATION (TYPE OF WORK 12h KIND OF BUSINESS 18 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3705 Belair Road Baltimore BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13b COUNTY 13d. INSIDE CITY LIMITS? IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME ARMED FORCES? 7. INFORMANT 160 WAS DECEASED EVE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [NOX BE E 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDI.

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PAGE 4 SHOULD BE FORWITTE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE PALTIMORE, MARYLAND, 212 Inquiry X 220. I certify that I took charge of the remains described above, held an and in my apinion Inspection death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 3-12-86 ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street Mararita A. Korell, M. DADDRESS TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 07/84 25M 50. DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN A MONTH 2h. HOUR (TYPE OR PRINT) OF ESTI-Willie DEATH MATED Robbins, Jr. 26 1986 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 12:15 59 26 9 14 DEAD 26 1986 YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore University Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY 13c. CITY OR TOWN MARYLAND BALTIMORE NO [E.FAYETTE STREET 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDGLE LAST ELLA LOUISE POWERS WILLIE ROBBINS 17 INFORMANT GIVE PAC 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATES! MINER ALONG WITH F TRANSIT PERMIT, PAGE NTAL HYGIENE, DIVISIO 217-68-1219 FAYETTE NO ELLA L. ROBBINS 2034 E. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A HEALTH CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO 🗌 DEPARTMENT BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 XOR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 1:05 26 19 86 Subject stabbed 21 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. Unit Blk. STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE TO MEU.

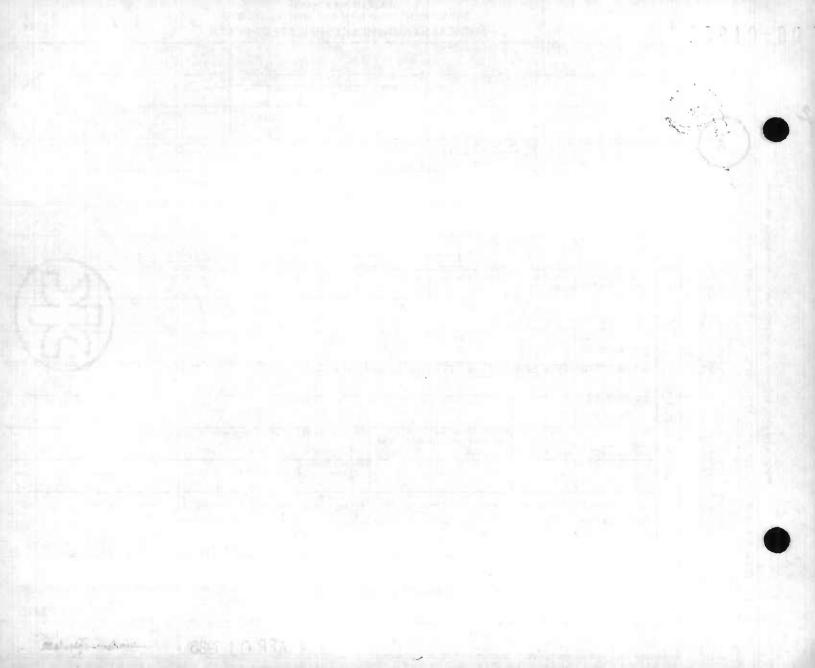
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TO FUNERAL DIRECTOR: PAGE

AFTER DEATH, WITH THE STATE

ALTIMORE, MARYLAND, 2120 Eutaw Street street Baltimore MD. Autopsy XX 22a I certify that I took charge of the remains described above, held an Inquiry Inspection and in my apinion Hamicide X Notural causes Undetermined monner TITLE (SPECIFY) DATE Assi.stant 3/27/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto, MD. ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 4-2-86 CEDAR HILL ANNE ARUDEL MARYLAND BURIAL 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17 WM.C.MARCH F/H INC. 1101 E.NORTH AVE. (VR A15 ME (5))



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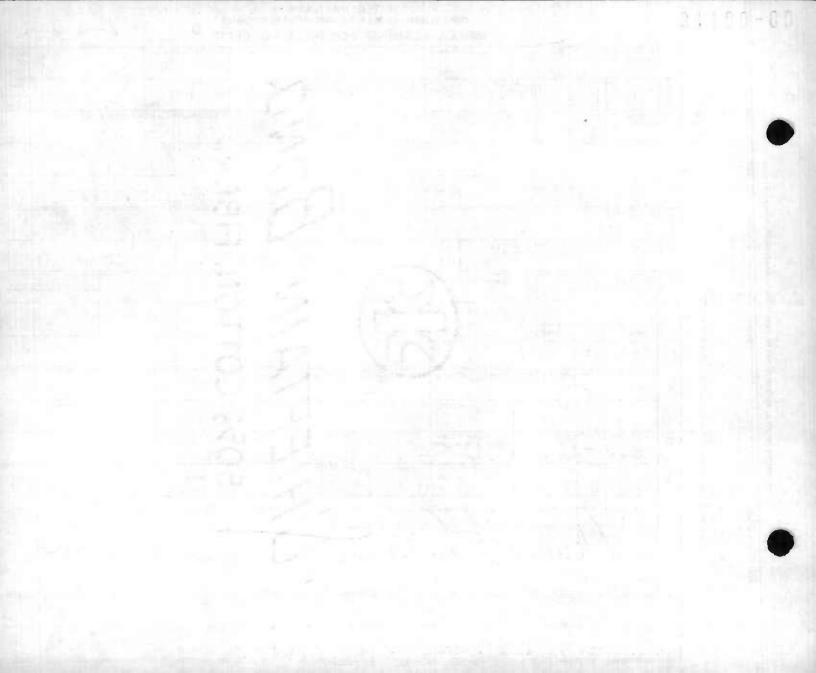
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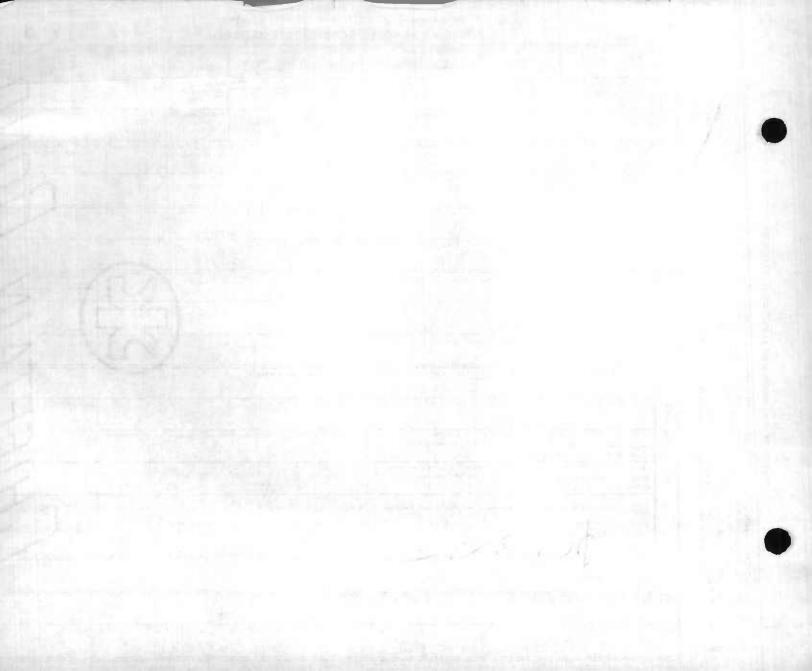
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR LITYPE OR PRINTS 1986 7:00P ANN MARIE ROBINSON MARCH 02 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE IF UNDER I YEAR AUGUST 15 1918 WHITTE FEMALE BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY MD USA Baltimore City WIDOWED DIVORCED [126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH LIVE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore St Agnes Hospital Housewife Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
ID. STATE

13b. COUNTY

13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MD Baltimore Catonsville 503 Valcour Road 15 MOTHER'S MAIDEN NAME BATHER'S NAME MIDDLE MIDDLE Frank E. Maisel Sr Mahon Madeline 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Nancy E. Hiebler same as #13 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES F NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM ETC 1 STREET NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN DESCRE 22d PHYSICIAN'S NAME (TYPE OF PRINT) DO CATON AVENUE. 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23h DATE Burial 3-6-86 Old Salem Cemetery Catonsville, Balto. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Funeral Home, Catonsville, MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED BETTY 1986 ROBINSON 2d HOUR 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE MONTH DAY YEAR (AST BIRTHDAY) PRONOUNCED DEAD 1986 6A M emal White Unknown 10 TO BIRTHPLACE (STATE OF Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) .Virginia WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 12g USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Self-employed Baltimore 227 S. Regester St. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DESIGNED SECONTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1FEM. 18. GIVE PAGES 1, 2, AND 310 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL REORDER BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore YES L NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST Unknown Unknown 17. INFORMANT 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS LYES NO OF UNKNOWN (IF YES, GIVE WAR OR DATES) Unknown Abelardo Rodrigez 7 Lucerne 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Smoke inhalation & thermal injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Fatty metamorphasis of the liver 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR FOR UNDERLYING CONTRIBUTING CAUSE OF DEATH 5:54 3-29- 19 86 House fire. 21e PLACE OF INJURY (AT HOME, 711. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE S. Regester St., Balto. City MD home Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion Homicide X death resulted from: Accident Suicide Undetermined manner Natural causes TITLE (SPECIFY) **ACTUAL** 3-29-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 ADDRESS 23a BURIAL CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial April 2184 Carmel Cemetery Mt 07/B4 etery Baltimore Maryland 24 FUNERAL DIRECTOR **DHMH - 17** Lilly & Zeiler, Inc. 1901 Eastern Ave. (VR A15 ME (5))



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the burnal-transit permit. Then please remove cortisation with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or rimnors IMPORTANT: If hem 21 is marked or them 18 shows any nijury, or other traumatic ment. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending tO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or ottending physician.

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	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND

LAND MENTAL HYGIENE CERTIFICATE OF DEATH

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ı	1-	STATE REGISTRAR			ICATE OF DEATH		0 / 9 9 9
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	0.000	HEN	4 RACE	IS DATE O	DI MZON.	6 AGE (INYEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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		m	BLACK		10 1900	36 YRS	
**		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
1		ith Carolina	U.S.A.	WIDOWE		Baltimore city	MD.
1	IQ CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
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3	USU/	AL RESIDENCE (IF NURSING HOME OR			A 121 INICIDE CITY I WITCO	Lis STOREY ADDRESS / ZID CO	7 7 1710
Ŧ	and .	ryland	13c. CII	Y OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	2/2/0
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~	700	cab	Robi	nson	Mary	MIDDLE	LAST
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	No				Lewis Robins	on 2700 Roslyn	
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P		underlying couse last	(e)				
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-	CERTIFICATION					T. January	
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	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU	RY OFFICE FARM FIC)	211 LOCATION	CITY OR TOWN	COUNTY STATE
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		22a I certify that (1) (this hospi	tal) attended the decea	sed from 3/18	5/86 , 19	10_3/29/81	19, though we lost
		saw the deceased alive an above, (I) (we) (did) (did) to	1 view the hady after de	oth 19, or	nd that in (our) (our) apinion	death accurred on the date and h	iour and from the couses stated
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I	-	224 PHYSICIAN'S NAME (TYPE	R PRINT)	1	22e ADDRESS	7	10
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	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION	
	1	SPECIFY)				CITY OR TOWN	COUNTY STATE
	24 FL	Burial JNERAL DIRECTOR	4-3-86	Mount	Auburn Cemete	ru Baltimore EREC'D BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
		iley Douglass F	uneral Home	1348 N. C.		PROATORS Crulia	Davidson-Randell

DHMH - 16 60M 7/B4 (VRA 15, 4)

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# ::		Jeffrey V	Cool	M	1)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	13/	16/86
TAT		224 PHOSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
IMPORTANI		JEFFREY	A COOL	M.D.		UNION ME	MORIAL HOS	PITAL		
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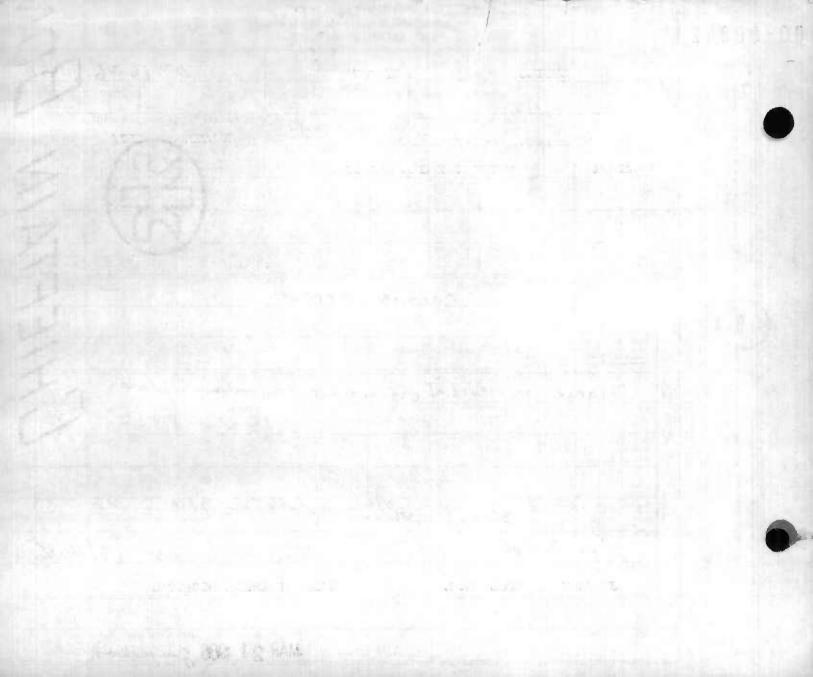
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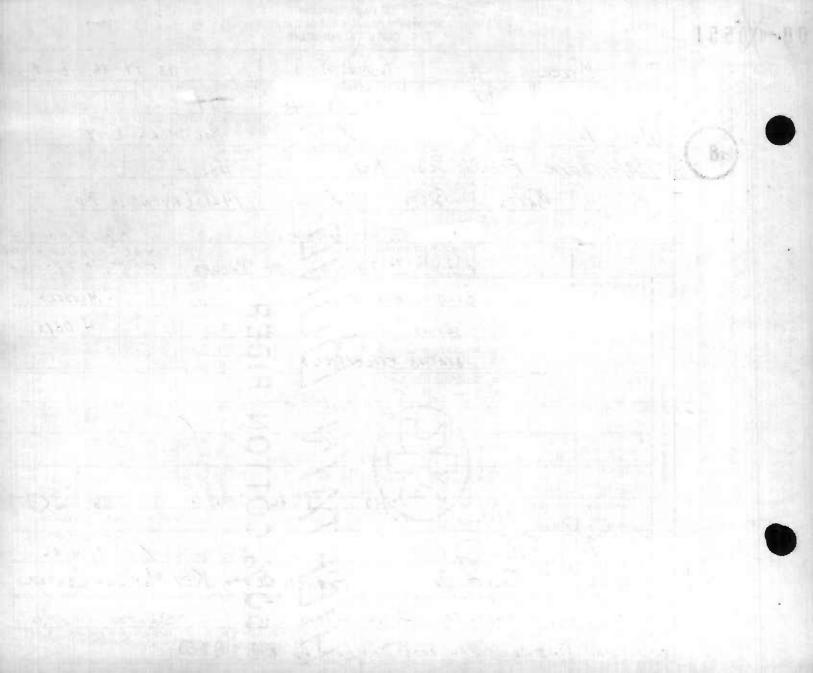
24 FUNERAL DIRECTOR

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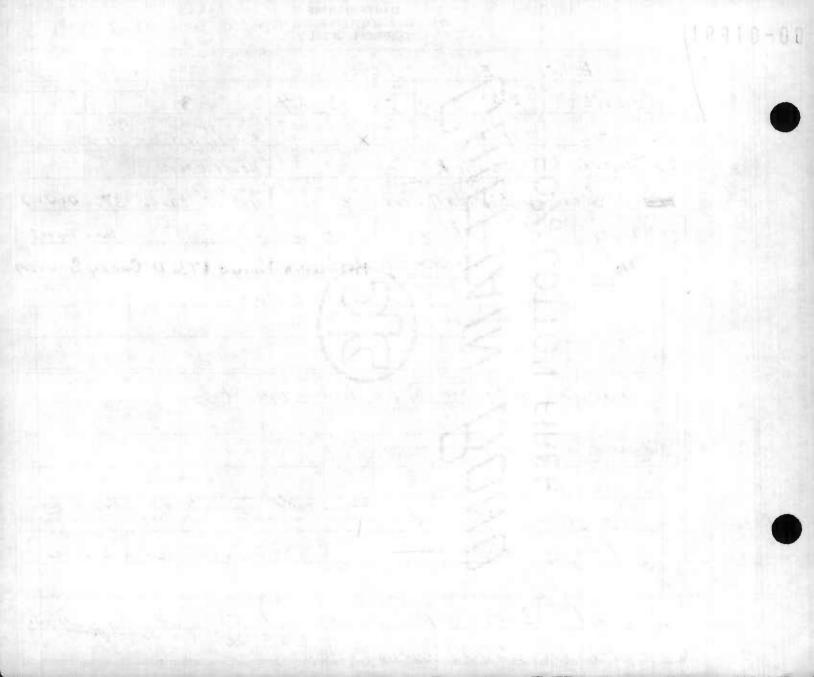


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NND 212	24	⊌5Ú. 13a S	LRESIDENCE IN NURSING HOME OR OTHER INSTITUTION OVER ESIDENCE BEFORE ADMISSION) TATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET AD 1421 137. YES NO 121	DRESS	SH Ro 2 1224
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MORE,	medicol a		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 15. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 232-36-9659 MS. SIERRA RHODE	ADDRESS 1421	CAYENDISH WAY
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FOLD OF A POLICE O			220.1 certify that (1) (this hospital) attended the deceased from 3 10 19 66 to 3 10 sow the deceased plive an 19 70 ond that in (my) our) apinion death occurred a above (1) well did itid itid itid view the body after death	on the date and hour on	that (1) (we) lost and from the couses stated
TAL OR ALL DIRECTOR D			22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR D	STAFF	220 DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the SMATANT-			1,01,0	KEY MEDIC	AL CENTER
BP		(URIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION GITY OR SPECIFY BURIAL 3-17-86 HOLLY HILLS	TBALTO	
DHMH - 16 50M 1/8 (VRA 15, 4)	11		NERAL DIRECTOR NAME ATTER DABROWSKI- ADDRESS AUTORIC ANDRESS ANDRESS ATTER DABROWSKI- 1005 DUNDAIN AN WAR 181	986	PS SIGNATURANTANIA



0-0046		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8002
by be deoth	JTYPE	CEASED NAME FIRST SMITT	Y ROBINSON 3	14 86 622PM
oge 4 me	3. SE:	MALE	RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) YEAR 51 WEARS LAST BIRTHDAY) YRS.	FUNDER 1 YEAR IF UNDER 24 HRS
deoth. P	n	RTHPLACE (STATE OF FOREIGN THE COUNTRY) TY OR TOWN OF DEATH	A CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED SHALTIMORE CITY OR COUNTRY WARRIED NEVER MARRIED SHALTIMORE BALTIMORE BALTIMORE 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	11
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spitol or CTOR: Af Ifor use o of Heolth		27a.1 certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (did not)	3/14	19, that (I) (we) lost on ond from the couses stated
AL OR Ay the how RAL DIRECTOR Dept. Note Dept.		226. SIGNATURE HELINSIG	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3/4/86
TO HOSPITAL etoined by the TO FUNERAL should be det with the Store		C. Helinski	M.D. UNIVERSITY HOSPITAL	
BP	C	REMATION	236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN PALTIMORE	COUNTY DIAEXLAN
HMH - 16 60M 7/84 (VRA 15, 4)	K	CZOROWSKI FU	INERAL HOME FIELT ST. 250 DATE RECD. BY REGISTARY 23/ REGIST	RAR'S SIGNALURE S

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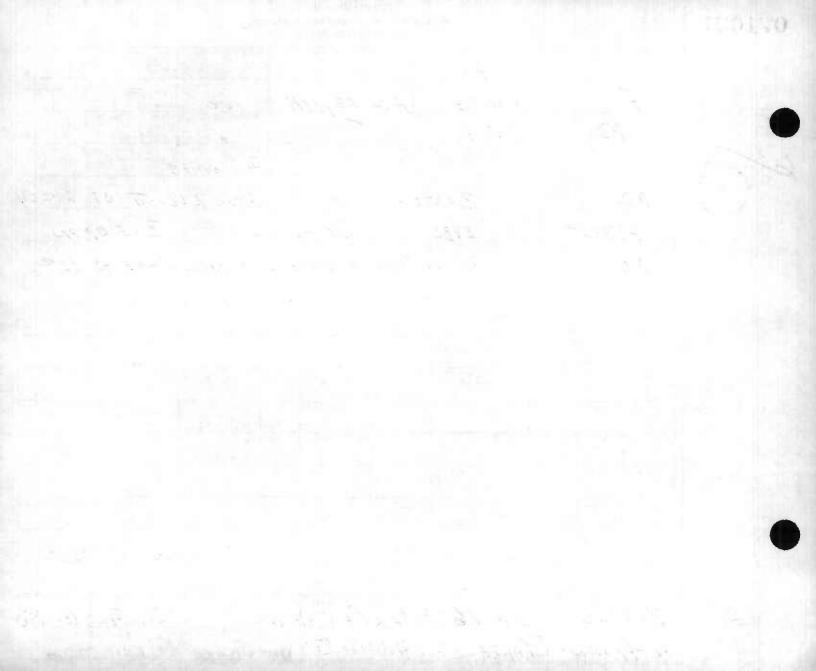
Committee and the state of the

				STATE OF MARYLAND		
-01914	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	08006
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6 25	3.56		4 RACE	ROMINSKI IS. DATE OF BIRTH	AGE IN YEARS LAST BE	RIHDAY, 1986 INDER I YEAR THUNDER A
age 4		F	WHITE	OCT. 24, 1906	79	YRS.
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A H DU	1 1	PA-LTO.	CHURCH	HOSP.	HOUSEW	
1135	130. S	AL RESIDENCE (IF NURSING HOME OR 13b COUN		WN 13d. INSIDE CITY LIMITS? YES NO \(\)	13e SIDEET ADDRESS	ZIR, CODE 2/22
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1 1300		STANLEY	Showard	Ki STELLA	MIDDLE	CiesLAK
of the same			MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDR	2/124
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# 5445		8 CAUSE OF DEATH (Enter on	nly ane couse per line far (a), (b), o	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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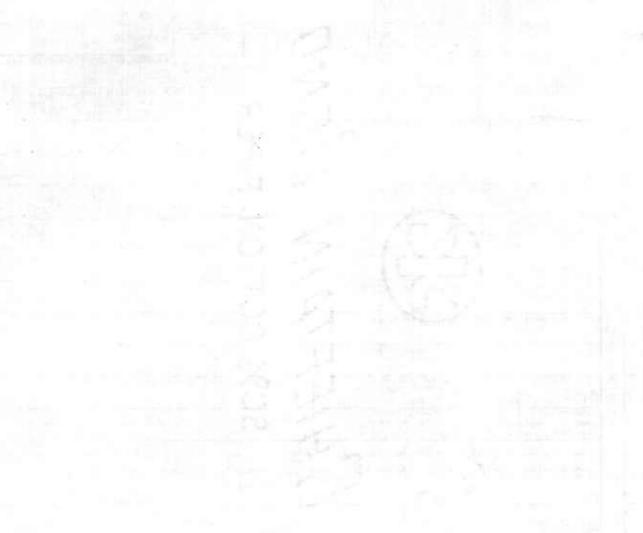
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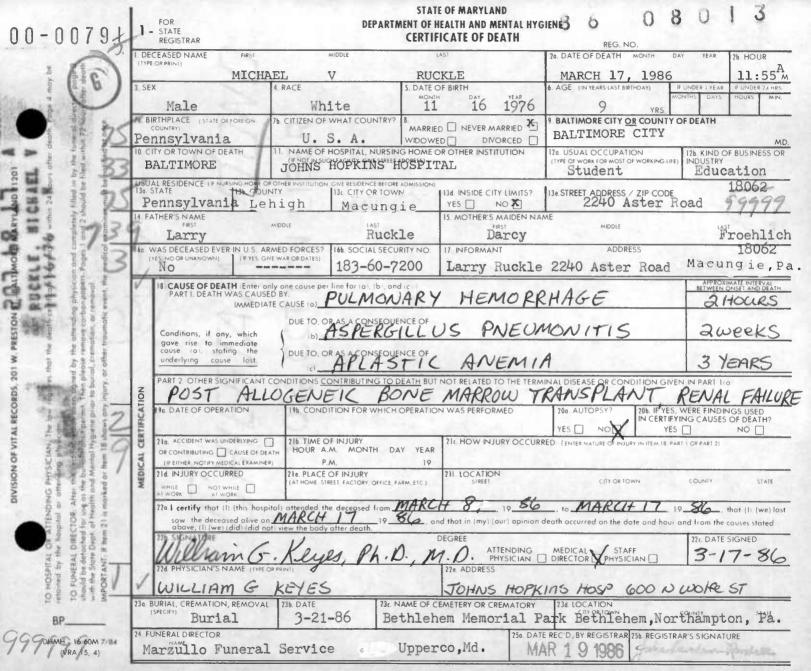
-01190	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	HYGIEN 6 0 8 0 1 2
» me 10.	1. DECEASED NAME (TYPE OR PRINT)	The Rubin	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
moy b	3 SEX F EMALE	4 RACE HITE S. DATE OF BIRTH MONTH DAY OF OF OF OF OF OF OF OF OF O	6 AGE (IN YEARS LAID WITHDAY) IF UNDER LYEAR IF UNDER 24 HBS MONTHS DAYS HOURS MIN.
1 1 1 1 G	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWE DIVORCED	A DALTHAGDE CITY OF COUNTY OF PEATH
4 22 42	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OF CHER INSTITUTION	17.0 USUAL OCCUPATION 12.5, KIND OF BUSINESS OR SECRETARY HEALTH DEPT.
	USUAL RESIDENCE (IF NURSING HOME 130 STATE		13e STREET ADDRESS / ZIP CODE DIVE 21
1 130	14 FATHER'S NAME FIRST HARRY	MIDDLE RUBIN 15 MOTHER'S MAIDEN FIRST DORA	NAME O LAST KAUFMAN
Foger Foger	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	GIVE WAR OR DATES!	Rubin 2903 Terry Dr. Apt.D(21209
w requires that the		DUE TO, OR AS A CONSEQUENCE OF (c) IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED
N: The fow hysicion. Crose hos b cross perm Hygiene pr 18 shows or	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	LIQUID A MA MODELLI DAY VEAD	YES NO YES NO CURRED LENTER NATURE OF INJURY IN JIEM 18 PART 1 OR PART 2)
G PHYSICIA offending ph er this certifi is the buriol-tr ond Mentol ked or Item 1	OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI ALWORK ALWORK	DEATH	CITY OR TOWN COUNTY STATE
ATTENDIN ispital or CTOR: Aft or use o d for use o of Health	22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did)	on 19 , ond that in (my) (our) opin not) view the body ofter death.	to 7 pm 3/19. 19. See that (I) (we) lost sion death occurred on the date and hour and from the causes stated
by the hos by the hos ERAL DIREC e detached Stote Dept.	276 SIGNATURE 278 PHYSICIAN'S NAME (IVI		G MEDICAL STAFF N DIRECTOR PHYSICIAN B 220. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL I should be detained with the State I IMPORTANT: H	PROD S	B SUNDERSIND SINAL	HOSPITAL RY 1238 LOCATION
BP	BURIAL	3/21/86 MOSES MONTEFIORE	BALTO., BALTO., MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	74 FUNERAL DIRECTOR SOL 6010 REISTERST	LEVINSON & BROS. OWN RD. BALTO., MD. (21215)	AR 2.4 1986

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	AND 3 AND 3 RETAIN HOULD RECORD			36 COUNTY		Balte),	YES NO D	130 STREET ADDRESS	: 1k	Frma	in st.
	A 7.20.7	14. F.	ATHER'S NAME	/ MID	DDLE	LAST	44.31	15. MOTHER'S MAIDE	EN NAME MIDDLE		LAST	
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	DIVISION S CERTIFIC RITING TH RRDED TO 1 SE 3 SHOU ITE DEPARTM 201 PRIOR 1	MEDICAL	21d. INJURY OCCURRI			OF INJURY (AT HOME,		CATION				
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	EXAMINER: CERTIFICATE ULD BE FOR. . DIRECTOR: I, WITH THE S	18	22a. I certify that I t death resulted fram:	laak charge af t A Natural ca		Accident , s	Autai	Inspection	n , Inquiry ,	and in my a	pinian	
	AL EXAM NE CERTIF OULD BI OULD BI H, WITH		ACTUAL	M	0			TITLE (SPECIFY)		,		
	SHOULD SH	,	SIGNATURE	1.	100	XX	^	Assistant	MEDICAL EXAMINER	DATE	3-5-8	6
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOUN TO FUNKAL L AFTER DEATH,	1	EXAMINER'S NAME (TYPE OR PRINT)	Ann M.	Dixon,	M.D.		ADDRESS_ 111	Penn St., Bal	to., M	ID 2120	1
		23a.B	URIAL, CREMATION, RE DECIFY)	MOVAL 236. D.		23c. NAME OF C	1		23d. LOCATION CITY OR TOWN	COL	INTY /	STATE
	07/84 BP		UNERAL DIRECTOR	3	0 06	1117,172	<i>i</i> Du	rn Cem.	REC'D. BY REGISTRAR 256 R	EGISTRAR'S	SIGNATURE	
	DHMH - 17 (VR A15 ME (5))		NAME ,	Scri	ADDRESS	14126.	Fre	eston 5XN	AR 5 1986	colai waka	STORY ORE	NO SE

064054	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF I	E OF MARYLAND LEALTH AND MENTAL COTE OF DEATH	HYGIENE	B O REG. N	0	8 0	1 5	
		EASED NAME	FIRST		MIDDLE		AST	20 D	ATE OF DEATH		DAY YEAR	26 HOUR	
oy be oge 3 death	(1112)	-	OMINIC	CK		R	UGGIERO			3 - 0	2-86	600 AM	
i po	3 SEX		4.	RACE		5. DATE (6 AG	E (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
ge 7		Male		White	2	7	11 1898	3	87	YRS		1100113	
4 12 9		THPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTR'	Y? 8 MARRIE	D NEVER MARRIED	9 BA	LTIMORE CITY	OR COUNTY	OF DEATH		
71 12 1		taly		US	-	WIDOW		- T		JORE		TY MD.	
40	B	ALTIMOR	E	(IF NOT IN SUC	H FACILITY, GIVE STRE		DROTHER INSTITUTION	(TYPE	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Steelworker 12b. KIND OF BUSINESS O INDUSTRY Steel Product				
R 2/11 56	USUA 130 S1	ATE	NG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS		TREET ADDRESS				
N III		aryland			Baltim		YES X NO	35	95 Benzi			1229	
within within mine	14 FA1	HER'S NAME FIRST	MI	DDIE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LA	AST	
De duo		Dominick			Rugg:		Camilla				Unkno	own	
MORE n ond or Pages		AS DECEASED EVER	(IF YES, GIVE V		166 SOCIAL SE		17 INFORMANT		ADDR				
BALTIMOR cate be execute by ysician and appers. Page wol.	1	IS CAUSE OF DEATH PART I. DEATH WA			212-05-		Camilla Ca	arnago	gio, 359	5 Benz		Road 212	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certi- ottending physician. Ottending physician of the this certificate has been signed by the ottending post the buriol-transit permit. Then please remove carbon thand Mental Hygiene prior to buriol, cremotion, ar rem orked or them 18 shows any injury, or other troumatic ev	NOI	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	ediate the lost.	(b)	r as a conseo	UENCE OF	NOT RELATED TO THE T		DISEASE OR COM			o	
TAL RECO	CERTIFICATION	9a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	NGS USED S OF DEATH?	
SICIAN: The physicia certificate in rirol-transity term all Hygies them 18 shows		()10. ACCIDENT WAS UNDI OR CONTRIBUTING C	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (E	NTER NATURE OF INJU	P 81 MITEM 18	ART I OR PART 2)		
IVISION JG PHYSI of PHYSI of PHYSI set this can be burn and Mee	¥	WHILE NOT WHI	LE 🗍	21¢ PLACE	OF INJURY REET, FACTORY, OFFICE	E FARM, ETC)	21f. LOCATION STREET		CITY OR TO	ЭWN	COUNTY	STATE	
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ITAL O by the by the DI detech detech detech		27d PHYSICIAN'S NA	ME (TYPE OR P	18 A.	Jun	g t	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	G MEI	DICAL STA		3/2	2/8L	
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote	23n Bl	DAVID	JUN	JG,	M.B.	NAME OF C	900 S. CA	TON /	AVENUE .	BAL	TO MD	21229	
BP	(5)	PECIFY)							CITY OR TOWN		COUNTY	STATE	
	24 FUI	Entombre VERAL DIRECTOR	ut I	3/5/86		oudon	Park Mausol		Baltimo: D. BY REGISTRAR			Maryland	
DHMH - 16 60M 7/B4 (VRA 15, 4)	13.5	NAME	wal II-	mo T	ADDRESS	7 1.7. 21-	27773					One	
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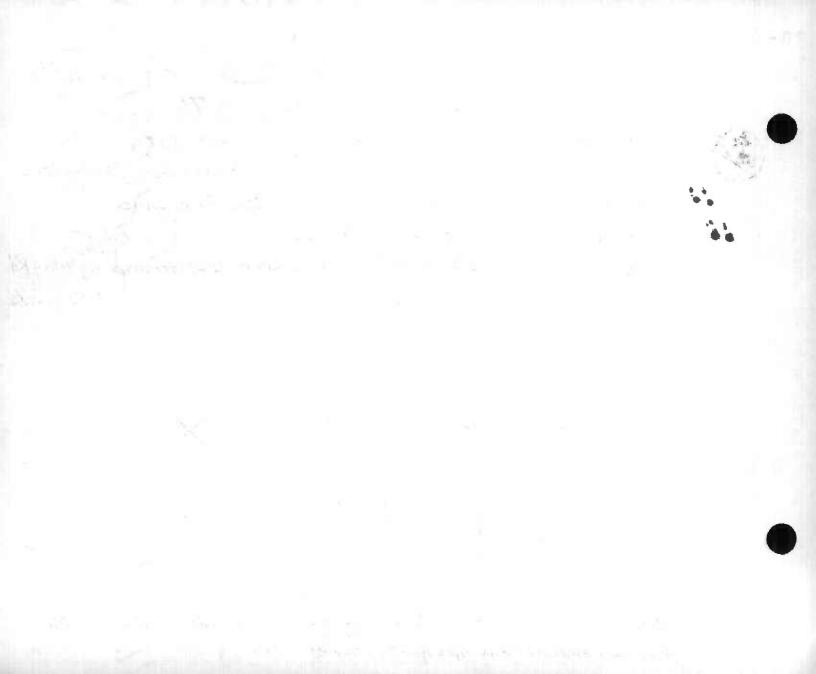
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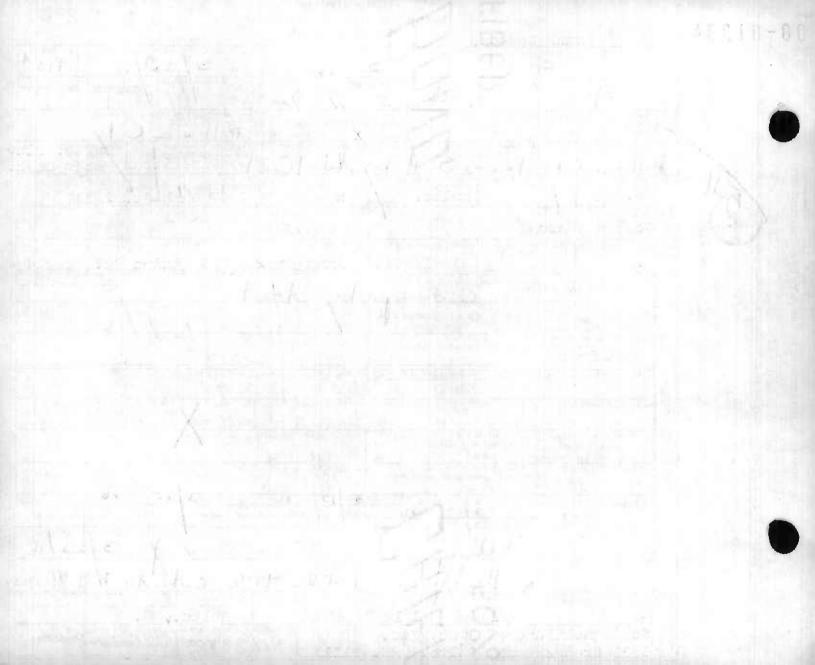
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065027	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.									
	I. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR							
be oge 3 death	W	illiam Russe	Sanders	3	2 86 12:35 MZ							
e 4 moi ctor, po	3.SEX Male	4. RACE White	5. DATE OF BIRTH MONTH 8 4	6. AGE (IN YEARS LAST BIRTHDAY	FUNDER 1 YEAR IF UNDER 24 HRS.							
1 (B)	76 BIRTHPLACE (STATE OR P	76. CITIZEN OF WHAT O	OUNTRY? 8. MARRIED NEVER MA	- 9 BALTIMORE CITY OR CO	DUNTY OF DEATH							
5 70	Baltimor	e Pimlico	AL, NURSING HOME OR OTHER INSTIT Y, GIVE STREET ADDRESS) Manor Nsg. Home	UTION 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK CUSTODIAN	RKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY Church							
AND 212	Ma.	ng home or other institution give res 136. COUNT Balto.City	Balto. YES .	$_{10} \square$ 6027 Stanto	on Road 21210							
WARM & () BO	Harry Harry		anders Bert	na Georgia	Durham							
be executed by an analysis of the second of	160. WAS DECEASED EVER	UE VER COVE WAR OR DARES	18-14-2395 Ma		Asbury RD. 21209							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSKCIAN: The low requires that the death certificate be executed within 24 hours to aftending physicion. When this certificate has been signed by the aftending physician and complete lied in but as the burial-transit permit. Then please remove carbanopers. Pea control from the modification of the prior to burial, cremotion, or removal. Orded or frem 18 shows only injury, or other traumatic event, the medical and inmets be a control from the prior to burial, cremotion, or removal.		which rediate the last. (c) DUE TO, OR AS A (c)	CONSEQUENCE OF CONSEQUENCE OF SANSIES TO SAN	D THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110							
TALRECORDS The low requiction. The low requirements been sixtle permit. The spiene prior to shows ony injury	190. DATE OF OPERA.	ION 196 CONDITION F	OR WHICH OPERATION WAS PERFORM	YES NO DIN	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?							
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DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL PIRECTOR	edefeld Home SN	0 6500 York Rd. 212	250. DATE REC'D. BY REGISTRAR 255								

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	7		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMANT	ADDRESS		
BALTIMORE cate be exert appers. Pages ayal.			es, no or unknown) (IF Yes, GIV	E WAR OR DATES)	215-16	-0403	Anna Ber	an, 355 Elrino	St.	21224
ALTI te bi				ly nne chuse ner					APPROX	MATE INTERVAL ONSET AND DEATH
			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		C S.	Con iles	Aug Arm	0.1	Se receive	ONSET AND DEATH
W. PRESTON ST., the death certifi y the ottending ph cremove corbong cremovic or cremovic or remover.			IMMEDIAI	E CAUSE (o)	Collection		10.7			
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir attending physician. After this certificate has been sig as the burial-transit permit. Then the ond Aemtal Hygaine prior to b the ord Aemtal Hygaine prior to b	77	CERTIFICATION	196 DATE OF OPERATION	TIN CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY,2 200 IF YES	, WERE FINDIN	NGSTISED
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CTO CTO	7		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body	offer death.			death occurred on the date and hour	110	
Direction of the board of the b	D		226. SIGNATURE	DIL	10		DEGREE	_ MEDICAL _ STAFF	221. DATE	SIGNED
				NU	enly		PHYSICIAN	DIRECTOR PHYSICIAN	3/2	23/06
HOSPITAL med by 11 FUNERAL UID be det			274 PHYSICIAN'S NAME TYPE	R PRINT)	11	-	27e ADDRESS	1/11	7/11	1/0
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5 5 5 3 X			URIAL, CREMATION, REMOVAL	23b. DATE	236.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		(Burial	3/26	/86 H	oly F	Redeemer	Balto., Md.	COUNTY	STATE
DHMH - 16 50M 4/8	33	24 FL	Stylmunek Fu				25a. D./	TE REC'D. BY REGISTRAR 25% REGIST	RAR'S SIGNAT	URE
(VRA 15, 4)			3331 Brehms				21213 N	AR 26 1986 Fulia D	avidson-P	Contorna



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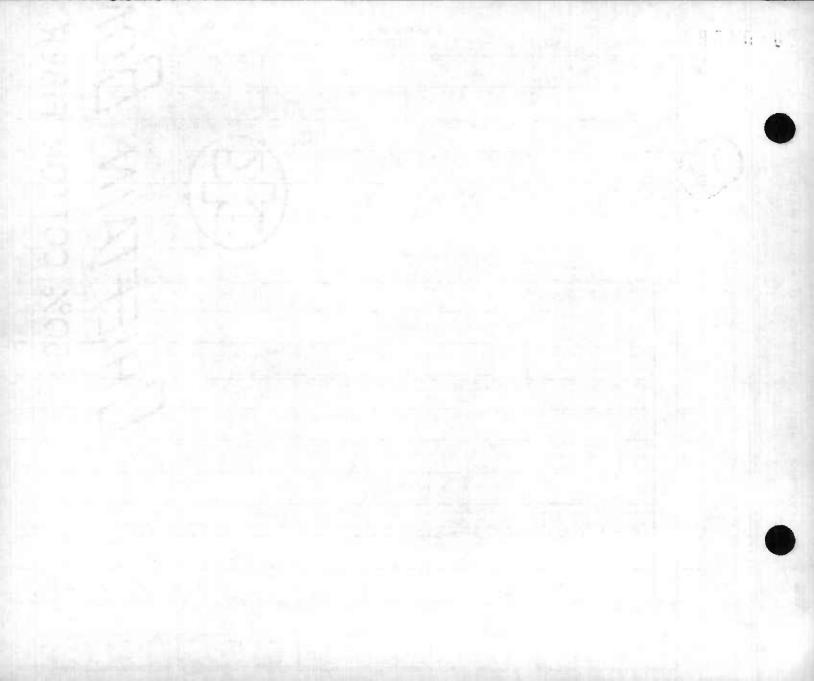
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO.					
1		CEASED NAME FIRST		MIDDLE		LAST	1 1	20. DATE OF DE			DAY YEAR	2	h HOU	JR 20
Ì		Mary	8		Satt	ertie	d		0	3 3	0 86		10	AM
	3 SEX		4 RACE		5 DATE (DF BIRTH	YEAR	6. AGE (IN YEAR	S LAST BIRTHO	AY)	IF UNDER 1 YE	_	HOURS	24 HRS M.IN,
		female	blac	k	12		1911	7.4	1	YRS				JAN 11 4.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE	CITY OR	COUNTY	OF DEATH			
Ĭ		N.C.	USA	`	WIDOW		IVORCED [- 4			ore ci			MD.
3	Bal	timore	Merc	HOSPITAL, NURSII CHFACILITY, GIVE STREE Y HOSPITA	ADDRESS)	OR OTHER INS	STITUTION	120 USUAL OC (TYPE OF WORK FO Unemp		ORKING LI	126 KINI INDUST		BUSINE	SSOR
	130 S	1d	OTHER INSTITUTION	Baltimor	VN	YES 📉	CITY LIMITS?	13e.STREET, ADI	DRESS / Z	ret	Lane 2	212	29	
)		THER'S NAME John	MIDDLE	Brown		15. MOTHER	'S MAIDEN NA		AIDDLE		T	LAST		
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORM			ADDRESS		-			
		NO OR UNKNOWN) I IF YES GIV		217-22-2	2434	Pauli	ne Molo	ck 14 N.	. Mt	01iv				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b , a)	nd icili						BETWE	ENON	ATE INTER	DEATH
1			E CAUSE (a)	Charle	7 (mpye	ma				6	56	140	10
1			DUE TO, O	R AS A CONSEOU	ENCE OF	1					-)		,,,
		Conditions, if any, which gove rise to immediate	(b)_			CUH		1.			0	n	nou	YAS
		couse (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEOU	ENCE OF						40			
٩			(c)											
	Z	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	DULKIROTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE O	RCONDII	ION GIV	EN IN PART	110		
1	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPS	Y? [2	NCERTI	S, WERE FIN FYING CAUS	SES O	S USE	TH2
	CERT	210 ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW II	NJURY OCCURE	RED (ENTER NATUR					140 L	
1		OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH D M.	AY YEAR	12.1								
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCAT	ON		ITY OR TOWN		COUNTY			STATE
	×	AT WORK NOT WHILE	(AT HOME ST	REET FACTORY, OFFICE	FARM ETC)	STREE	1		II Y OR IOWN	-0.7	COUNTY		3	IAIE
	- 1	22a.1 certify that (b) (this hospi	1 -		1/2	2/86			30/8	6	19	_, the	ot (I)	we) lost
		sow the deceased alive on above (1) (we) (did) (did no	3/30	ofter death.	, o	nd that in (my	(our) opinion	death occurred o	n the date	and hou	or and from t	the co	uses sto	oled
		226. SIGNATURE		0		DEGREE					22c DA	TE SI	GNED	
		Kuna)	. Alle	plesi	1111		PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA	NX	5/	30	0/0	6
		224 PHYSICIAN'S NAME (TYPE O	. 0			22e ADDRE	SS		3110	,	/		,	
		SIMP				1	rercy	HOSPI	TAL	1	BALT	11	101	25
	230 B	URIAL, CREMATION, REMOVAL				EMETERY OR		23d LOCATIO	IOWN		COUNTY		5	TATE
		Burial	4/3/8	50 A	rbutu	s Memor		rk Arbu	tus					VId
	24 FU	NERAL DIRECTOR	T //	1 1 2 CADDRESS			25a. DAT	E REC'D. BY REG	ISTRAR 25E	REGIST	RAR'S SIGN	ATUR	RE	
	WII	liam c. March	r/H Wes	t 4300 Wa	apash	Avenue	.AID	D 0 4 40	SOOT '	1.00	King.	Y		

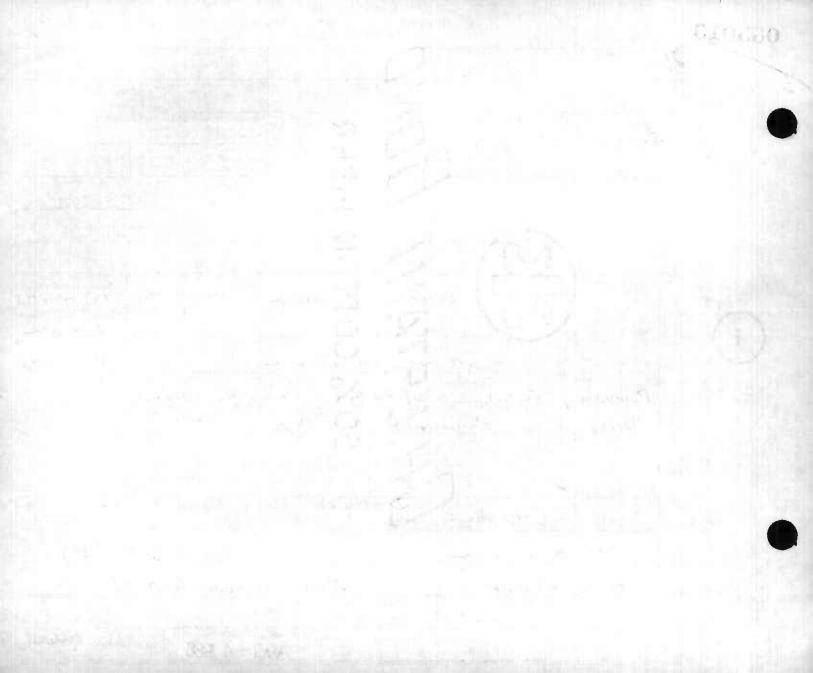
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is



5013	1.	STATE REGISTRAR	DEP		ICATE OF DEATH	HYGIENE &	REG. NO.				
		CEASED NAME FIRST	MIDDLE	t.	AST	2a DATE OF D		DAY YEAR	26 HOUR		
6.4	(TYP)	JAMES	Ε.	SAUN	NDERS	MARCH	3, 1986		3:05A		
0.0	3. SE		4 RACE	5. DATE C	OF BIRTH		RS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
offi offi		M	D	MONTH				MONTHS DAYS	HOURS MIN.		
dire	7a. B	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUN	ITRY? 8	<u>5</u> 05	- 9 BALTIMORE	O YRS CITY OR COUNTY	OFDEATH			
ond ond		COUNTRY		MARRIE	D NEVER MARRIED	PATTE	ORE CITY				
thin thin	-	C.	11. NAME OF HOSPITAL, NI	URSING HOME C				125 KIND OF	F BUSINESS OR		
まる 多之			(IF NOT IN SUCH FACILITY, GIVE		A CINEN WOINDING!		OR MOST OF WORKING LIF	FEI INDUSTRY	BOSH4ESS OK		
A P	BA	LTIMORE	THE JOHNS	HOPKINS	HOSPITAL						
hould by	13a. S M/A	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	JNTY 13 CITY OR BALTI	TOWN	13d. INSIDE CITY LIMIT YES X NO	2309 E	HOFFMAN	STREET 2	1213		
2 st	1	ATHER'S NAME	MIDDLE LAS	ī	15 MOTHER'S MAIDEN	NAME	WIDDLE				
and and and	TH	OMAS	A. SAUND				THOOSE	JOHNS	ON		
0	16a. \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT PH	INL	ADDRESS				
Pers. Pog	N	U		7-4479A	MAGNOLIA	SAUNDERS	2309 E.HC				
hysicological population ovo		PART I. DEATH WAS CAUS			0 1			BETWEEN O	NATE INTERVAL		
eve a		IMMEDIA	ATE CAUSE (0) CA	rdiac	Arrhym	1		1/2	minute		
98 6			DUE TO, OR AS A CONS								
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her		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	EQUENCE OF				-			
0 70				ti-crea		-		مل	months		
ury.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	R CONDITION GIV	EN IN PART 110			
or to	MFICATION	Pulminary	Tailura R	enal Fa	ilure, P	200 AUTOP	Absus.	2			
e pr	Ϊ́	190 DATE OF OPERATION	0			,	IN CERTIF	S, WERE FINDIN YING CAUSES (
Sit p	- Z	128/86		ルカンン				S 🗌	ио 🗌		
Troop Hy	CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATU	E OF INJURY IN ITEM 18 P	PART I OR PART 2)			
riol ento	S	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19							
the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE FARM ETC)	211 LOCATION STREET		TITY OR TOWN	COUNTY	STATE		
Se o se o mo		220.1 certify that (1) (this has	pital) attended the deceased f	rom Tenu	18rn 28 19	16 to M	erch 3	19 86 1	hat (I) (we) last		
TOR of H		sow the deceased alive a	nat) view the bady after death	19_86, on	nd that in (my) (our) opi	nion death occurred					
REC ppt.		22b. SIGNATURE	at view the bady after deoth		DEGREE	-		22c. DATE S	IGNED		
t DI		m. K	11		ATTENDIN	IG MEDICAL	STAFF	3/2	18-1		
Stot ANT		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIA 122e ADDRESS	N U DIRECTOR	PHYSICIAN (13,	100		
The DRT		mark K	112 200		The	.1	11.00	1-1			
should be dwith the Sto	0.2		liewer	00 114/12	Johns		Hospi	~~			
		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATO	CITY OR	IOWN	COUNTY	STATE		
			3-6-86	BALTI		<u> </u>		MARYL			
- 16 60M 7/B4		JNERAL DIRECTOR	ADD	RESS	The second second second	DATE REC'D. BY REC		RAR'S SIGNATE	andell		
(VRA 15, 4)	WM	.C.MARCH F/H I	NC. 1101 F.NOR	TH AVENI	IF .	MAR 41	986 guha				

STATE OF MARYLAND



		100	3	FOR	D	EPARTMENT OF	HEALTH AND MEN		0 0	(3) (3)	
0.0	025	72/	1 - STATE REGISTRAR		MED	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 8 0 2					
10-	073	IS NECESSARY, PIEASE E FUNERAL DIRECTOR. E F S FOR YOUR FILES. ED, WITHIN 22 HOURS I W PRESTON STREET,		CEASED NAME FIRST	W=3 1%	MIDDLE	LAST	70 DATE K		DAY YEAR	26 HOUR
	25 8 83		(1111)	LEO		SHU	NOERS	DEATH /	MATED	19	M
	PLEASE ECTOR FILES	HOU	3 SEX	4 RACE 5	DATE OF BIRTH	YEAR LAST BIRTHDA		UNDER 24 HRS. 2c. DATE	MONTH	DAY YEAR	24 HOURY
	PIR OUR	ON 2	1	11 15	12 10	55 3 DYE	S.	DEAD	MARZ	-1 1987	6 0 4
2	RAL RAL	ER DA	7a B1	RTHPLACE (STATE OR 7	CITIZEN OF WH	AT COUNTRY?	MARRIED NEVER	MARRIED 9 BALTIMO	RECITY OR COUN	TY OF DEATH	
2	IS NECESSARY, E FUNERAL DIR E 5 FOR YOU	Ser.	0	ALTIMORE, Md.	U.	S.A		ONORCED D BA	TIMBRE	CITY	MD
	7 (1)	-10/	10. CI	TY OR TOWN OF BEATH		ITAL, NURSING HOME	, OR OTHER INSTITUTION	N 12a USUAL OCCUPA		OR INDUS	
	PATOT	AL RECORDS 2	15	ALTIMORE, CITY	FRAN	KIIN 294.	ARE HOSP	BANK (CHERK		
1	ANY E	300	13a S	L RESIDENCE (IF IN NURSING HOME OR C	OTHER INSTITUTION, GIVI	RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY EI		s 2	1235	5.
6	R A A			Mdi -		BA/to.		10 0 2613 1	MAISEL	51.13	ALTO, MD
-	₹ 5	0= _ M	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S	MAIDEN NAME	DIE	LAST	
	DEA	\$30 <u>.</u>)	NILLIAM		SAUNDERS		MA	(AMPL	ELL
Ş4, 0	AFTER IVE PA H FOR	SES I	(YI	AS DECEASED EVER IN U.S. ARME		16b. SOCIAL SECURITY	~ ^		ADDRESS		9K
	BALTIMOR S AFTER DE GIVE PAGE	T. PAGES I) N KNOWN		12/6-62-13	521 BEYER	Ly A SAUNDE	RS 900 AF		VE
		AIT. E, DI		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED B		ar (a), (b), and (c).)	DRRES	- Can	MATIL	APPROXIMA BETWEEN ONS	TE INTERVAL
	ON THE	ISIT PERMIT. HYGIENE, D		IMMEDIATE	CAUSE (o)	9 (OUF)OC	19 1-1-5	CONVIC	10191114	V	
	15 77 K	TRANSIT PER INTAL HYGIEN OR REMOVAL	1	Conditions, if ony, which	D	USTUA	IUE RE	PRACENE	A STI	ATUS	
	W. P	TRANS	153	gave rise to immediate couse (a) stating the under-	(b)	S A CONSEQUENCE O			-1 /1		
	SOI W	AR-1		lying couse lost.	DUE TO, OR A	S A CONSEQUENCE ()F				
	EXECUTED ING" IN PICAL EXA	AND		PART 2 OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO OFATH B	IT NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION OR	EN IN BART 1		1	
	I RECORDS. JID BE EXEC. "PENDING"	SED AS A BURIAL - TRANS F HEALTH AND MENTAL H AL, CREMATION, OR REM	N			TO THE TERM	THE OISEASE OR CONSTITUTION OF	CRIN PART TIGE			
	REC PEN	GEA	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPER	ATION WAS PERFORMED	D?		20 AUTOPS	Y?
	F VITAL RE TE SHOULD WORD "PEI	AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 1201 PRIOR TO BURIAL, C	TIFIC							YES 🗆	NO X
	NE S	NED BE	CER	210 EXTERNAL CAUSE WAS	216. TIME OF	MONTH DAY YEAR	21c. HOW INJURY OC	CURRED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P	ART 2}	
	S CERTIFICATE RITING THE W RDED TO THE	PATA T		UNDERLYING OR CONTRIBUTING CAUSE OF DE		19					
	VISIO VISIO	PRI PRI	MEDICAL	21d. INJURY OCCURRED	71e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N 60	OUNTY	STATE
	MRIS (STATE DEPART 5, 21201 PRIOR	2	WHILE NOT WHILE AT WORK						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	317112
	# H S	111 5 10		22a I certify that I took charge	of the regions desc	ribed abave, held an	Autopsy . In	spection Inquiry	ond in my o	pinion	
	2 E H	CERTIFICATI OULD BE FOR L DIRECTOR: (, WITH THE MARYLAND,		death resulted fram Natural	couses X	of dent . Su	icide , Homicide		iner .		
	SER SE	EXAMINE CERTIFICA ULD BE FC DIRECTO WITH TH		THEY SPECIES)							
	¥ H H H H H H H	AH H		SIGNATURE JAM	10/1	wer	M.D. \\ \]	MEDICAL EXAMI	NER SIGN	ED	1100
	MEDIC CUTE TO SE 4 SP	WOE		EXAMINER'S NAME PA	116	6-11901	11	501 15 15 AS	GER K		777
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STATE OF MARYLAND

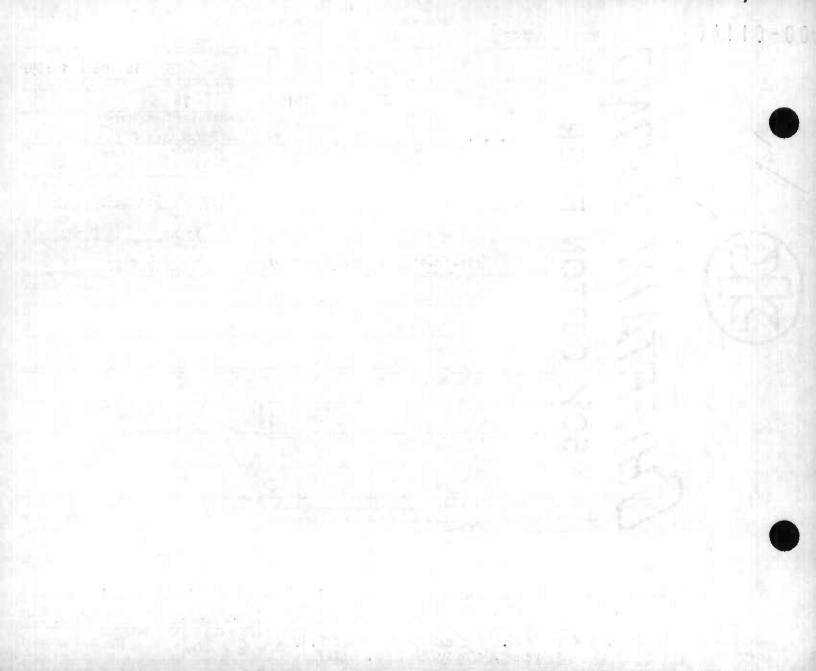
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	ARY, PEASE DIRECTOR. OUR FILES. 72 HOURS ION STREET,	3 SEX		4 RACE	.1.	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	Y) MONTH	DER 1 YR.	IF UNDER		DATE	CED	MONTH	DAY	YEAR	2d HOUR 4:10
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	ATE. ATE. P. O.R. P.		22a. I certi	y that I to	aak charge	af the remains d	escribed abov	e, held an	Autops	y XX	Inspection	□.	Inquiry		ind in my o	pinion		
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25/M	DHMH - 17 (VR A15 ME (5))	NI 25	THER & SO	NS FU	INERAL s Pkwy	HOME INC.	ore, Mai	ryland	21216		250. DATER	1 9 1	Q86	R 25b. REG	Buil	SIGNATUR	dess	

OCEASH	1	FOR STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
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ge 4 mo) ector, po rs ofter d	3. SE		Whit		June 2	9 [^] 1905		ARS LAST BIRTHDAY)	IF UNDER TYEAR MONTHS DAYS				
	a. B	IRTHPLACE ISTATE OR FOREIGN COUNTOIL	76. CITIZEN OF	WHAT COUNTRY?	MARRIED N	IEVER MARRIED DIVORCED	9. BALTIMOI Balt	MD					
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omple on ple	1	ATHER'S NAME FIRST Alexander	WIDDLE	Saynuk		other's maiden na First Valerie	ME	WIDDLE	unknown				
be execu		WAS DECEASED EVER IN U.S (YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		ssie Saynı	uk 1931	Stanhop	ne Road 2	1222			
g physicia oonpaper removol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEI	r only one couse pe USED BY: DIATE CAUSE (0)	er line for (o), (b), one CG F		pir chry	em	st	BETWEEN	ONSET AND DEATH			
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equires n signe Then p to bur njury.	TION	PART 2 OTHER SIGNIFICAL	7			LATED TO THE TERA							
he lo on.	CERTIFICATION	194 DATE OF OPERATION		DITION FOR WHICH			20a AUTO	PSY? ZOB. II	F YES, WERE FINDII ERTIFYING CAUSES YES	NGS USED OF DEATH?			
Phys Phys Phys Ithroo ol Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	I.M. MONTH DA	Y YEAR	OW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEA	M 18 PART I OR PART 2)				
DING PHYSIC or offending After this cer e as the burio olth and Meni marked by fer	MED	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, SI	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	OCATION STREET	9	CITY OR TOWN	COUNTY	STATE			
ATTEN OSPITOL OSPITOLOSPI		22a certify that (I) (this h sow the deceased alive above, (I) (we) (did) (did 27b. SIGNATURE	on Misrol	2 10	, and that i	in (my) (our) opinion	death occurred	on the date and	hour and from the				
HOSPITAL OR med by the humber by the control of the store Deposite to the store Deposite that the store that		22d PHYSICIAN'S NAME (I	A J. (Ann	17	ATTENDING PHYSICIAN [MEDICAL DIRECTOR [STAFF	3-	2-86			
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ВР		Burial	3/6/8			Cemetery	CITY		Baltimore	Marylar			
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	PART OF A	Turas V	Je Pros	Dundalk	25a. D.A.		GISTRAR 25b. RE	GISTRAR'S SIGNAT	URE			

STATE OF MARYLAND

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Ter de	3 SE	(4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER MONTHS DATS HOURS	24 HRS
ge 4		MALE	Thite 8-15-1913 72 YRS	
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we for d	10.5	OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1 IN SUCH FACILITY, GIVE STREET ADDRESS! 17 WORK FOR MOST OF WORKING LIFE! INDUATRY	SSOR
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212	MSU	DENCE HE NURSING HOME OF	ROTHE MISTEUTION GIVE RESIDENCE BEFORE ADMISSION!	
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WO WO	((ES, NO OR UNKNOWN) (IF YES, GIVE	Ve WAR OR DATES) 200-05-7194 Janes Day 341 S. Warshyper St. 21	123
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W. by by cr		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	
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L RE lo			YES NOT YES NOT YES NOT NOT YES NOT	
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		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR	
ON ding ding was celled burners or the or th	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	71e PLACE OF INJURY 711 LOCATION	
NG PHYSICIA offending plyfier this certification of the buriolist th and Mental orked or them	M	WHILE NOT WHILE THE	(AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY S	STATE
DING or or of the morth			oital) attended he deceased from 4/2/ 19 80 to 3/12 19 86, that (1) (v	ue) lost
TEN TO OR THE		sow the deceased alive on.	19 8 9 and that in (my) (our) opinion death occurred on the date and how and from the consent	
RECI ed f em 2		200 SIGNATURE	of Lview thy Voidy offer death. DEGREE THE DATE SECRET.	
the troch		() / W/ Lm	ATTENDING MEDICAL STAFF	Pla
PITA by By By By By By By By By By By By By By		224 PHYSICIAN'S NAME (TYPE DI	PHYSICIAN PHYSICIAN PHYSICIAN PHYSICIAN	14
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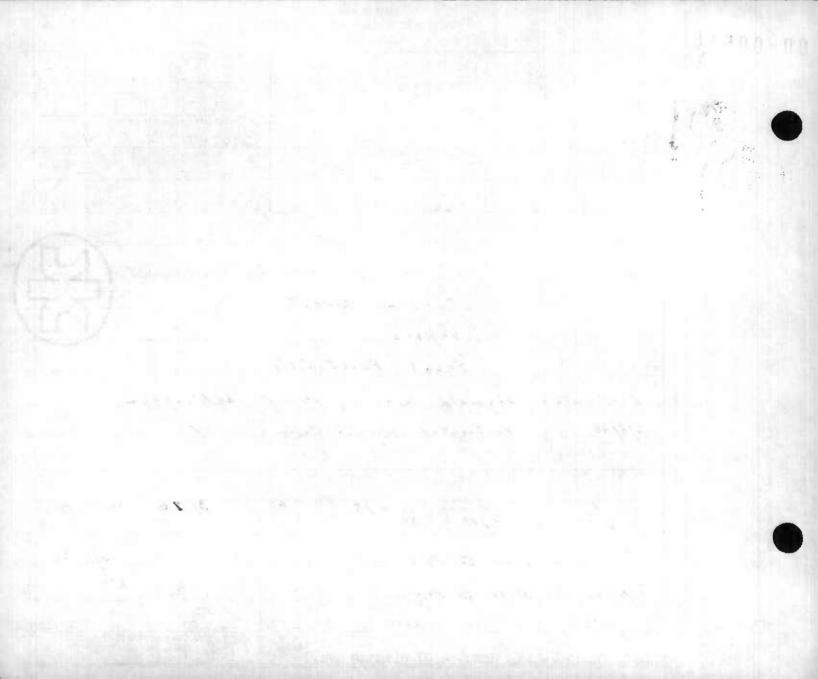


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nd so ges i	16		AS DECEASED EVER I		MED FORCES?	166 SOCIAL	SECUR	ITY NO.	17 INFOR		MAL	ADDR	ESS			
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hat the death certificat by the attending physis ase remove carbon pap II, cremation, or removal other traumatic event, it			R CAUSE OF DEATH PART I. DEATH W/ Conditions, if ony, gave rise to imm cause (a), stoting underlying cause	which ediote	DUE TO, O	R AS A CON	SEQUEN VCE	PULM ICE OF R	ONAR'	Y ARRES	T			BETWE	OXMATE INT	ID DEATH
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CTOR. A d for use of Health			220.1 certify that (4+) saw the decease abave, (1) (4++) (di	d olive of		e deceased I	from[_19(86-, an	id that in (n	1019_86 ny) (pur) apinian	to MI death occur	ARCH ed an the d		and from t		stated
by the hore by the hore detached State Dept. State Dept. ANT: If there			22b. SIGNATURE	an	Ku	d		N	DEGREE	ATTENDING PHYSICIAN	MEDICA!	STA PHYSIC		3 22c. DA	TE SIGNE	6
o HOSPITA	1			н м.					CHUI	RCH HOS	PITA	COR	P.	(I)		
BP		(5	PECIFY) Burial		3-4-86	5				emetery		ATION Y OR JOWN LUMON		COUNTY	Md.	STATE
D	2	4 FU	VERAL DIRECTOR					100		250 DAT	E REC'D. BY	REGISTRAR	256 REGIST	RAR'S SIGN	ATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR John M. Weber & Sons Inc. 401 S. Chester St.

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STATE OF MARYLAND

	REGISTRAR		CERTII	ICAIL OF D	LATII	REG.	NO.								
	I. DECEASED NAME FIRST	WIDDLE		LAST	0.199	20. DATE OF DEATH		DAY	YEAR	2b HOUR					
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	3 SEX	4 RACE	S. DATE			6 AGE (IN YEARS LAST	BIRTHDAY)		NDER I YEAR	IF UNDER 241	-				
, gr	Male	White	MONTH 9	14	19	66	YR	MONT	HS DAYS	HOURS	MIN.				
1	70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	/? 8	D NEVER N	ADDED [9 BALTIMORE CITY	OR COU	NTY OF	DEATH		-				
1	Maryland	U.S.	WIDOW		ORCED	Balto. Ci	ty				M				
Ì	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INST	ITUTION	120 USUAL OCCUPA				F BUSINESS	OF				
	Balto.	2822 Topaz Roa	ıd			Equipment	Mgr	G LIFE)	NDUSTRY Uni	versit	tу				
-	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 1136, COL			1 13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS	S								
7	Md.	Balto.		YES 🗌	NO D	2822 Top	az Ro	d.	21234						
-	14 FATHER'S NAME	MIDDLE	7-1-	15 MOTHER'S	MAIDEN NAM										
-	Henry	Schult	Z	Jos	ephine	MIDDLE		Fo	usek	7,					
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEG	CURITY NO.	17. INFORMAL	NT	ADD	RESS								
		WII 218-03-	0234	Mrs.	Jean S	Schultz		Sai	me as	#13					
	18 CAUSE OF DEATH (Enter of	18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and IC Hypertensive Arteriosclerotic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:													
	IMMEDIA	IMMEDIATE CAUSE (0) Cardiovascular Disease with Coronary Artery													
1	Ins	Insufficiency and Myocardial Ischemia													
1	Conditions, if any, which	osis													
1	gave rise to immediate couse (a), stating the		DUE TO OR AS A CONSEQUENCE OF Moderately severe chronic												
	underlying cause last	Obstructi		monary	Diseas	е		4							
ì		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CO	NDITION	GIVEN	N PART I	0.					
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING														
>	NO DATE OF OPERATION	HIS CONDITION FOR WHIC	H OPERATIO	NWAS PERFOR	RMED	200 AUTOPSY?	20b. IF	YES, WE	RE FINDE	GS USED					
01	THE					YES NO	INCE	XES	AUSES	OF DEATH?					
		LICUID A M. MONITIM	DAY WEAR	21c. HOW INJ	IURY OCCURR	RED (ENTER MATORE OF IN	JURY IN ITEM	18 PART I	OR PART 2)						
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR												
1	(IF EITHER NOTHY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE OF INJURY	-	211 LOCATIO	N	_	-				_				
1	WHIIE AT WORK	(AT HOME, STREET, FACTORY OFFICE	FARM, ETC)	STREET		CITY OR	OWN		COUNTY	STATE	3				
		pital) attended the deceased from	Apri	1.	19.57	Feb.		19	83	that (I) (ve)	los				
i	sow the deceased alive	Fe/b. 10, 19.	83	nd that in (my) (dur) opinion c	death occurred on the	date and l	hour one	from the	couses states	d				
	275 SIGNATURE	A CONTRACTOR		DEGREE		-			22c. DATE						
	(9)	xune pre	-	Al	TENDING SHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF		1/:	29/8	7				
	776 PHYSICIAN'S NAME (TYPE	OR FRIEND		122+ ADDRESS		DINECTOR PHYS	ICIAN [-1-	-/-					
	Frank T. K	Kasik, Jr., M.D.		901	05 Harf	ford Rd.	Ba1t	0.	Md.	21234					

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is should be detached

> 24 FUNERAL DIRECTOR Anatomy Board

230. BURIAL, CREMATION, REMOVAL

Remova1

1/27/86

23b. DATE

Balto., Md.

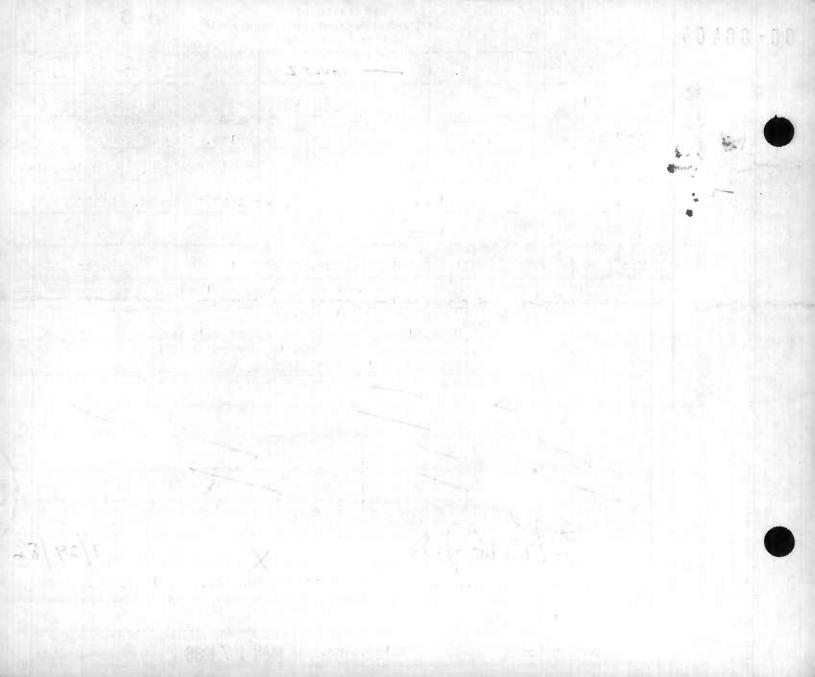
23c NAME OF CEMETERY OR CREMATORY

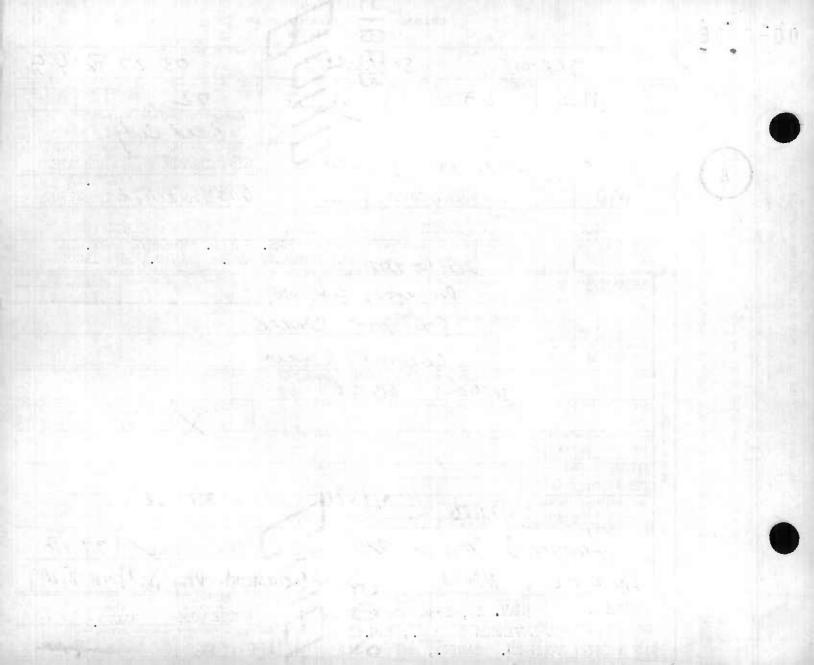
250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

23d LOCATION

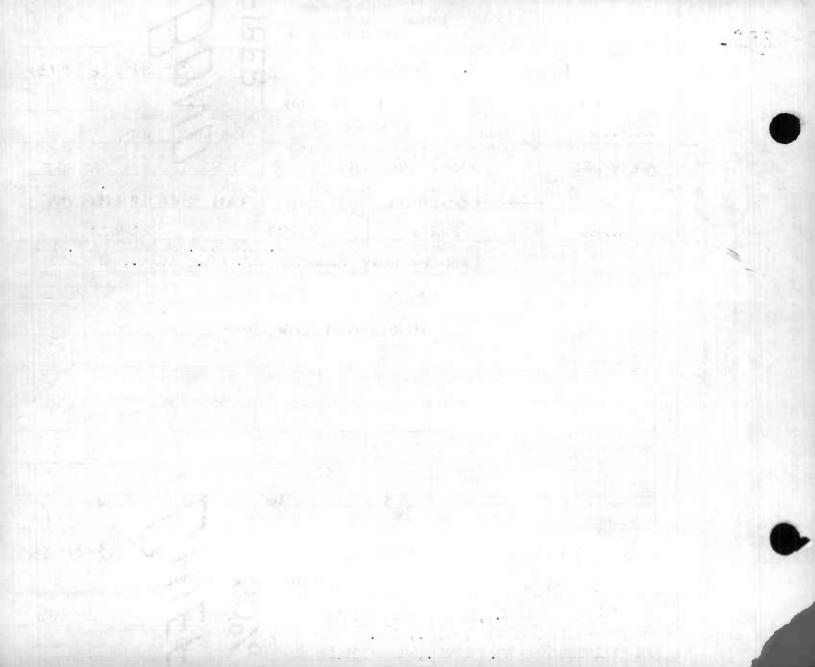
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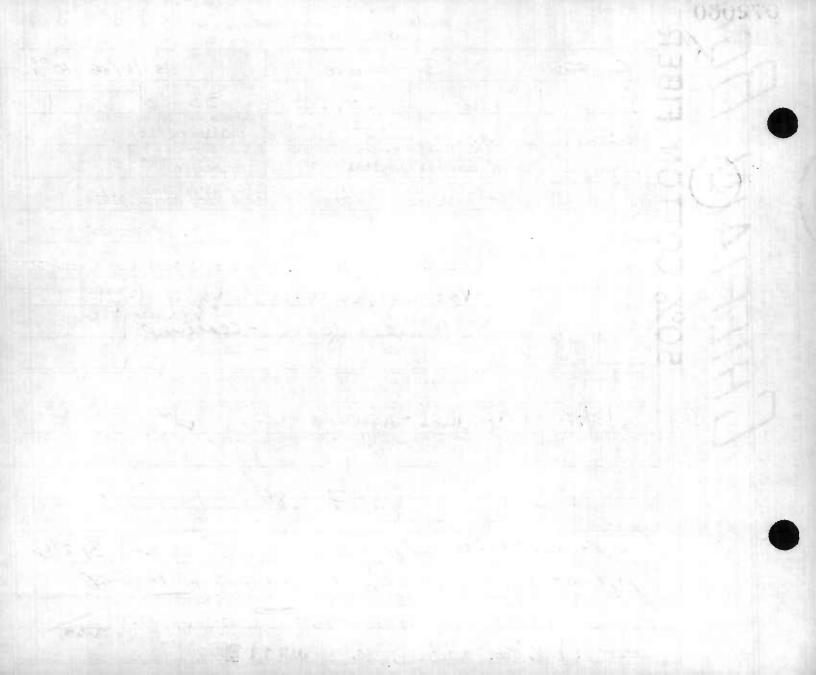




2663	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	HENE 8 6 0 8 0 3 7
	I. DECEASED NAME EIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
ay be	Ru	MH P. SCHWARTZ	3-31-86 3413PM
ge 4 ma	3. SEX FEMALE	4. RACE S. DATE OF BIRTH MONTH 1 - 12 - 1908	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. THE NUMBER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.
nerol dr. 72 hou	MARY LAND	MARRIED XX NEVER MARRIED USA WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.
marker of Med of	10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) STOPL TAL	126 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY HOUSEWIFE AT HOME
		E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JUNTY 131, CITY OR TOWN 131, INSIDE CITY LIMITS? **EXECUTION OF THE PROPERTY OF T	13. STREET ADDRESS / ZIP CODE APT. 103 #2120 7211 PARK HE167875 AVE
1300	14 FATHER'S NAME FIRST SAMUEL	PHILLIPS IS MOTHER'S MAIDEN NA	GOLDHAAR
n and property medical	160 WAS DECEASED EVER IN U.S. (YES, NO ORUNKNOWN) (# YES		SAMUEL CORSCHWARTZ APT. 103 HTS. AVE. BALTO., MD 21208
certificate ing physici rbanpaper ir remaval, iic event, th		ronly one couse per line for (0), (b), and (c).) USED BY: Cardw Vascular Faile DIATE CAUSE (0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MORE TO THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death ce by the attending Sie remove carb I, cremotion, or r ather traumatic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last		ction
n signed Then plea to buriol		NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION GIVEN IN PART 110
re low recion. te has been sit permit. giene prior	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN: T ding physici s certificate puriol-trons Mental Hyg in Hem 18 sh	OR CONTRIBUTION C CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	RED (ENTER MATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ottending ter this c is the bur n and Me	THE FITHER NOTIFY MEDICAL EXAM 214 INJURY OCCURRED WHITE NOT WHITE AT WORK	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
TTENDIN pitol or TTOR: Af for use of Mealth 21 is mo	saw the deceased alive	ospital) attended the deceased from 3-31, 19 00, and that in (my) (our) aprinion on 3-31, and the body after death.	death occurred on the date and hour and from the causes stated
by the hos by the hos ERAL DIREC e detached State Dept ANT: If Item	27% GIGNATORE	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN DI 3-31-86
efolined by TO FUNERA should be de with the Stati	D. La	SINAI	HOSPITAL
BP	230. BURIAL, CREMATION, REMOVISPECIFY) BURIAL	APR.2,1986 BETH TFILOH	133d. LOCATION SITY OR TOWN BALTIMORE MARYLAND
YMH - 16 50M 4/83 (VRA 15, 4)	T T T T T T T T T T T T T T T T T T T	LEVINSON & BROS., INC. FOWN RD. BALTO., MD 21215	PR 0 4 1986



STATE OF MARYLAND



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ON OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		YSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	ling physicion. s certificate has been signed by the attending physicion and completely filled in by the linual unreals, 100ge 3 and 100 and
Z		XS	S C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH HINOM 2b. HOUR (TYPE OR PRINT) (IMI) JOHN SCRIPPENS MARCH 15,1986 1:20R M 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 10 1919 Male White 66 YRS TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Pennsylvania U.S.A. WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 176 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Church Hospital, Inc. Chef Restaurant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
13b COUNTY
13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 5123 Fait Ave./21224 Maryland YES X NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST Unknown Scrippens 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST Iona M. Scrippens (wife-same as 13e.) Yes WII 187/03/2614 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CHRONIC OBSTRUCTIVE PHLMONARY DISEASE gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 206. IF YES. WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES [NO IT CERT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE 220 I certify that st (this haspital) attended the deceased Iran FEBRUARY 86 MARCH sow the deceased alive on MARCH above, (1) (we) (did) (did not vie and that in Imp (our) opinion death occurred on the date and hour and Irom the causes stated 22b. SIGNATU DEGREE 22c. DATE SIGNED DIRECTOR PHYSICIAN 3-15-86 MPORTANT: 22d PHYSICIAN CHURCH HOSPITAL CORP -GARY KRUH M.D N. BROADWAY BALTO. MD 21231 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) Burial 3/18/1986 Glen Haven Mem. Gds. Glen Burnie A.A., Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Walter Brooks Bradley Inc. Balto., Md. 21222

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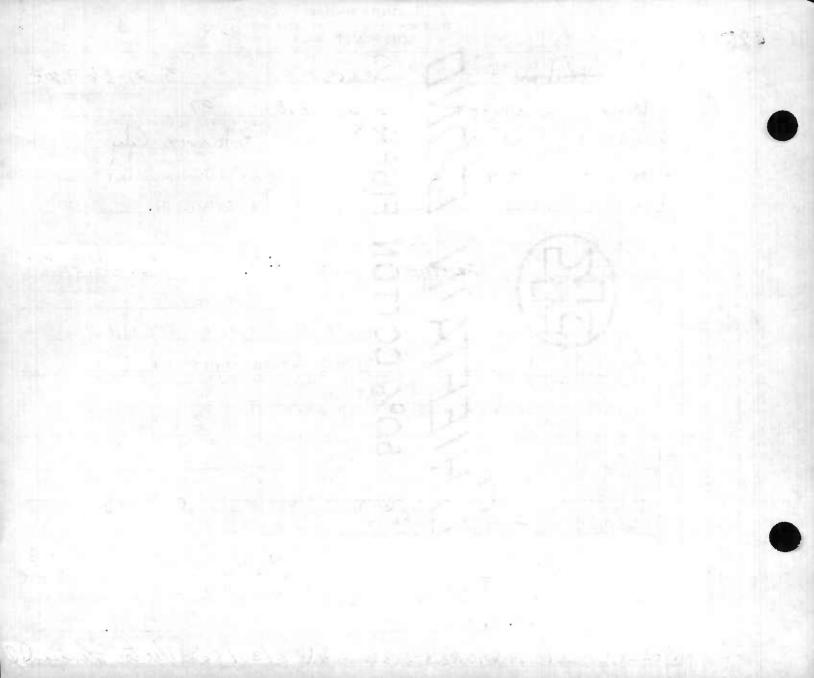
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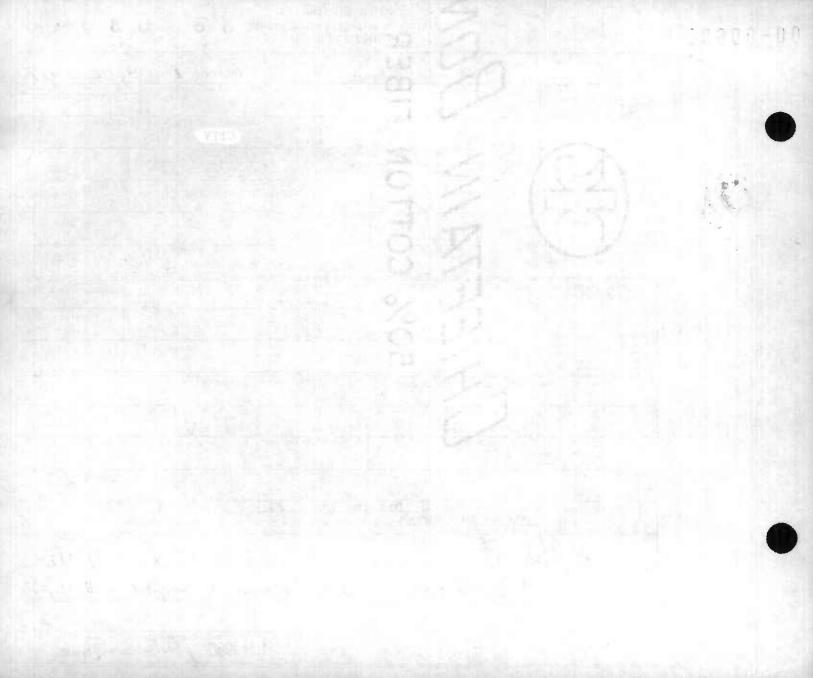
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0-01022	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		8 0 4 5
6	1 DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
noy be page 3		OR PRINT) ELISAE	BETH H.	SELLMAN	March 19, 198	
mo)	3 SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
recto urs al		Female	White	Apr. 7, 1904	81 YRS	
death Page uneral direct of ance.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
deot hin 7	10.61	MD TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Baltimore City	MD. 12b. KIND OF BUSINESS OR
by the lifed with		Baltimore	3700 N. Char	rles St., # 504	(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	
haurs d in b d be fil		AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TO		134.STREET ADDRESS / ZIP CODE	
fille hould		MD	Balto		3700 N. Charle	s St., 21218
withing d 2 s	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
de de de	7		Holtzma		Will	liams
Poges medico			VE WAR OR DATES!			10
rs. Pe		No	216 46		ue, Balto., M	
hysic pape oval.		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng p bong		IMMEDIA	TE CAUSE (o) Seps	12		78110000
e cor		Constitution (Constitution)	DUE TO, OR AS A CONSEQU			2.4 hours
e off motion frou		Conditions, if any, which gove rise to immediate	(b) Urinai		<u> </u>	0 / 12000
oy th		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	UENCE OF		
pleo urial,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART IIa
Super	20	Severe serie	le deventir.	ASCVD		
Drio.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
ows ows	TIE				YES NO YES	
ronsic ronsid Hygin Hygin	S.	21a. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	DAY YEAR 21t. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	RT 1 OR PART 2)
SICIA ng ph certif certif iniol-t ientol	CAL	OR CONTRIBUTING CAUSE OF DE	2141	19		
this of the day	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
offer of the hon	~	AT WORK AT WORK				
NDIN NDIN USE C			ital) attended the deceased from	10/3/ 19 83	10 March 19	9 16 (we) lost
Spiro CTO CTO I for		sow the deceased plive or obove, (b)(we) (did) (did n) view the body ofter deoth.	ond that in (our) opinion	death occurred on the date and hour	and from the couses stated
OR or ho		22b. SIGNATURE	2000	DEGREE	MEDICAL STAFF	22c. DAJE SIGNED
2 0 -		Warrell	alle m	PHYSICIAN	DIRECTOR PHYSICIAN	3/20/86
00 P 4 = 0 D		224 PHYSICIAN'S NAME (TYPE		27e ADDRESS		
TO HOSS		Dr. David Co			niversity Pkwy.,	Balto., MD
	23a E	BURIAL, CREMATION, REMOVAI SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	Balto.	COUNTY MD STATE
BP			, D	Green Mount	TE DEC'D BY DECISTRADIAL SEASON	IVID
HMH - 16 50M 4/B3	24 F	NAME NAME OF THE PLAN	W. Jenkins &	50ns Co.	TE REC'D. BY REGISTRAN 255, RECENTR	Milk Maring Louise
(VRA 15, 4)	4	SUD YORK Ka.	, Balto., MD	CICIC N	MIN OU ISOU	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYGI ERTIFICATE OF DEATH	REG. NO.	08146
	1. DECEASED NAME FRST (TYPE OR PRINT) ARLENE 3. SEX	A RACE SEL	CAFINAS DATE OF BIRTH	20. DATE OF DEATH MONTH 3 - /5 6. AGE (IN YEARS LAST BIRTHDAY)	- 1986 3.43m
-	FEMALE 70. BIRTHPLACE (STATE OR FOREIGN TOURING)	WHITE 76 CITIZEN OF WHAT COUNTRY? 8	AARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	MONTHS DAYS HOURS MIN. RS. UNTY OF DEATH
7	OWA	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DOWED DOWNCED DOWNED DO	BALTIMOR 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIF)	IZE KIND OF BUSINESS OR INDUSTRY
7	MP. BAL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM TO STORY TO STORY	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP (
1	JOHN	GEDVILLE	15. MOTHER'S MAIDEN NAM	RINE MIDDLE	£AST i
)		wed forces? 166 social security 479.16.09	180 JOHN SERA	FINAS 925	COLRIDGE RD
	PART 1. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c) BY: E CAUSE (o) DUE TO, OR AS CONSEQUENCE	RESPIRATORY	PHILURE.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	OBSTRUCTURE PU		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING TO DEA		20e AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
1	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY	YEAR 19	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2}
	AT WORK AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM,	ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify tha (1) (this happing sow the deceased alive as above, (1) here (12)	off bitended the decreased from 1974	and that in this (cor) opinion of DEGREE ATTENDING PHYSICIAN		d hour and from the couses stated 22c. DATE SIGNED 3-17-87-
	1280 PHYMCIAN'S NAME (TYPE OR	eprint) Horw 172	6/1 PA	ARK AVE	
1	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c NAM	NE OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY

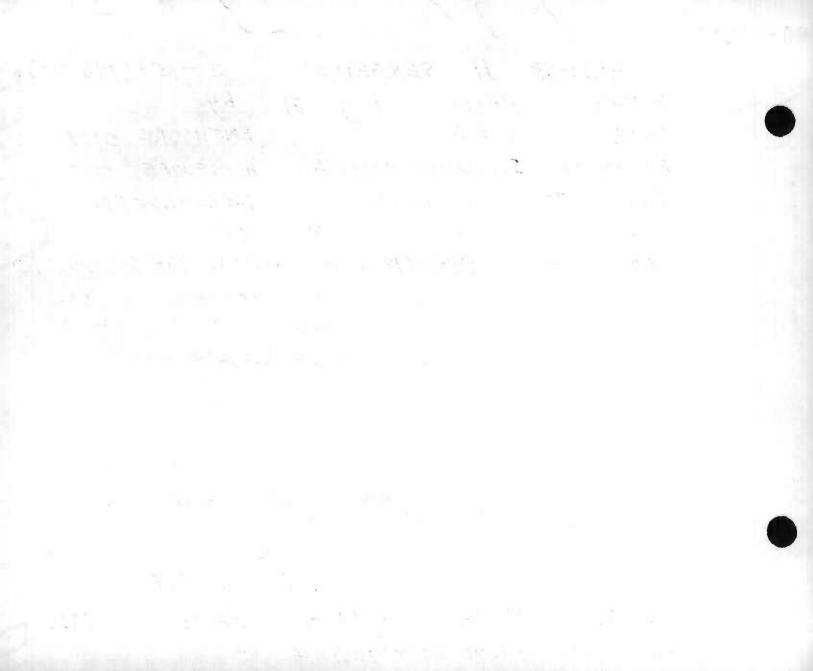
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TO FUNERAL DIRECTOR: After

should be detached for use as the burial-transit permit. Then plea with the State Dept- of Health and Mental Hygiene prior to burial, IMPORTANT: If hem 21 is marked or hem 18 shows any

REGISTRAR 256. REGISTRAR'S SIGNATURE



			CEASED NAME	FIRST		MIDDLE	- 1	AST		REG. N	MONTH DAY	YEAR	26 HOUR
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r. po		3 SE	x	1	RACE		S. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF-L	NDER YEAR	IF UNDER 24
recto			MALE		WHITE		03	15	97	ee 89	YRS		1
th. P	27	70 8	RTHPLACE (STATE OR FOR	REIGN 7	& CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER M	AARRIED -	9 BALTIMORE CITY C		DEATH	
dea	مالحق		MARYLAND ITY OR TOWN OF DEATH	ч 1	U.S.A	HOSPITAL, NURSIN	WIDOWE		VORCED T	BALTIMOR			
ofter of	44	10 C	BALTIMORE		(IF NOT IN SU	ICH FACILITY, GIVE STREET ON MEMORI	ADDRESS)	(Charles)	IIOIION	(TYPE OF WORK FOR MOST C		INDUSTRY	F BUSINES
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24 1	20		MARYLAND	36 COUNT	I Y	13c. CITY OR TOW		13d. INSIDE CI YES 👽	NO [13e.STREET ADDRESS .		7 7 77 7	21211
up of	1		THER'S NAME		- V - V		P.	15 MOTHER'S	MAIDEN NA	ME	TMGDOM	AVE	
P A	da		John		NIDDLE .	Seymour			FIRST	L. MIDDLE	Mo	Dowe l	
ecut.	200		VAS DECEASED EVER IN			166 SOCIAL SECU	JRITY NO.	17 INFORMAL	NT	ADDRE	ESS	DOWC.	- 14
e ex	Wes		YES, NO OR UNKNOWN)	MMI	WAR OR DATES)	213-01-	1894	MA DUTIN	CEVMO	Balto. UR 2800 HUN	, MC.	ATTE	
ne de	tro.		Conditions, if any, v	diote) "		+						
n. n. os been signed by the ott permit Then please removi	ws ony injury, or other troi	IFICATION	gove rise to imme- couse (a), stating underlying couse	FICANT CO	ONDITIONS C		DEATH BUT	genic	Shoo	200 AUTOPSY?	20b. IF YES, W	ERE FINDI	NGS USED OF DEATH
The low require icion. te hos been sign isit permit Then	3 shaws any injury, or other training	CERTIFICATION	gove rise to immercouse (a), stating underlying couse PART 2 OTHER SIGNIF	FICANT CO	DNDITIONS COND	CONTRIBUTING TO	DEATH BUT	WAS PERFOR	Shoo RMED	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	ERE FINDI	NGS USED
CLAN: The law requires that the de physician. Trificate has been signed by the att	rm 18 shows ony injury, or other troi	CERT	gove rise to immercouse (0), stating underlying couse PART 2 OTHER SIGNIF CALLON 190 DATE OF OPERATION 210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL	FICANT CO	ONDITIONS CONDITIONS C	ONTRIBUTING TO I	DEATH BUT VIOLET OPERATION AY YEAR	WAS PERFOR	Shoo RMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	ERE FINDI	NGS USED OF DEATH
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N. OR ATENDING PHYSICIAN. The low require the hospital or ottending physician. N. DIRECTOR. After this certificate has been sign etholed for use as the burial-transit permit. Then	i. If them 21 is marked or Item 1	CERT	gove rise to imme- couse (o) storing underlying couse PART 2 OTHER SIGNIF CARACLION 190 DATE OF OPERATIO 210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (JEETHER NOTIFY MEDICAL 21d INJURY OCCURRED AT WORK AT WORK 226 SIGNATUET	RIVING USE OF ORATILE EXAMINER) This hospital group of the property of the pr	I 196 COND I 196	ONTRIBUTING TO I	OPERATION AY YEAR 19 ARM EIC)	211 LOCATION SIREET 27 dd thot my DEGREE 22e ADDRESS	JURY OCCURRANT OF THE NOTICE O	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM IS PART WN 19 ofe and hour on	G CAUSES OR PART 2) COUNTY	NGS USED OF DEATH NO
R ATTENDING PHYSICIAN. The low require hospital or attending physician. RECTOR After this certificate has been sign red for use as the burial-transit permit. Then	i. If them 21 is marked or Item 1	MEDICAL CERT	gove rise to immercouse (0), stoting underlying couse PART 2 OTHER SIGNIF CALLAN 190 DATE OF OPERATIO 210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF ETIMER NOTIFY MEDICAL AT WORK AT WORK 228 SIGNATURE	diote the lost FICANT CC RIVING USE OF ORATE LEXAMINER D ALE LEXAMINER T ALE L	216 TIME (HOUR A P 216 PLACE IN HOME STORY WING WING STORY WING THE BOOK)	ONTRIBUTING TO I	OPERATION AY YEAR 19 ARM ETC)	211 LOCATION SIREET 27 dd thot my DEGREE 22e ADDRESS	JURY OCCURE ON TENDING TENDING TON TON TON TON TON TON TON T	200 AUTOPSY? YES NO RED LENIER NATURE OF INJU CITY OR TO MEDICAL STAR	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM IS PART WN 19 ofe and hour on	G CAUSES OR PART 2) COUNTY	NGS USED OF DEATH NO

	5					OF MARYLAND			
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			EASED NAME FIRST	MIDDLE	1,1	ST	20 DATE OF DEATH	AONTH DAY YEAR	2b. HOUR
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Henry W. Jenkins & Sons Co., Balto., Md.

(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE L DECEASED NAME 2a. DATE KNOWN MONTH 26 HOUR ATYPE OR PRINTI ESTI-DEATH MATED XX 9 10 86 Mitzie Shaw (Miles) 3 SEX 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST BIRTHDAY) YE AR MONTHS DAYS PRONOUNCED 6:20 10 86 DEAD AND 3 TO THE INERAND S. RETAIN PAGE
D.2 SHOULD BE FILED
MALRECORDS, 201 Female 10 BIRTHPLACE 04-19-50 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 174 USUAL OCCUPATION LIVE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3913 Boarman Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maruland NO Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Mc Dona Fd Tohn 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCE 16b. SOCIAL SECURITY NO ADDRESS IYES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES) No 216-54-2267 Helen Sargent 580 Baiwbridge N. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cirrhosis IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Ethanolism gave rise to immediate BURAL TR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) EF MEDICALED AS ABOUT HEALTH CERTIFICATION Sickle Cell Disease, Chronic Obstructive Pulmonary Disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? AORD HE CHIEF JID BE USET TAMENT OF 20. AUTOPSY? NO XX NER: ITALS ICATE, WRITING THE W-FORWARDED TO THE TOR: PAGE 3 SHOULD BI I THE STATE DEPARTMEN 216 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY | AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOUID BE FORWAR
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 Inspection XX 228 I certify that I took charge of the remains described above, held on Autopsy and in my apinian death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE 3-10-86 Assistant SIGNATUR EXAMINER'S NAME 21201 Dennis F. Smyth M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) ADDRESS 236.BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION 03-14-86 VA. Baltimore, Marylano 250. Date REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Maruland 07/84 BP Brown/Thompson F. H. ADDRESS 1913 25M **DHMH - 17** W. Balto. Lethin bairdson (VR A15 ME (5))

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24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto. MD

FOR - STATE REGISTRAR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Lia Davidson Randelle

REG. NO I DECEASED NAME 20 DATE OF DEATH 2b. HOUR LEONA EMMA SHEARER AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home 13e STREET ADDRESS / ZIP CODE 4616 Keswick Road. 21210 Hengst ADDRESS Harry N. L. Shearer. Same WEEKS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 COUNTY STATE and that in (my) apinian death accurred on the date and haur and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

21212

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Baltimore City

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Harris V. Jenkins & Bons Co.

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STATE OF MARYLAND



Garrison Forest VA

DHMH - 16 60M 7/B4 (VRA 15, 4) BURTAL

24 FUNERAL DIRECTOR

MArch Funeral Homes 1101 EAst North Avenue

3/18/86

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

Owings Mills,

STATE

Md.

:04

DHMH - 16 60M 7/84 (VRA 15, 4)

OM 7/84

24 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

Burial

236 DATE

3/20/86

230. BURIAL, CREMATION, REMOVAL

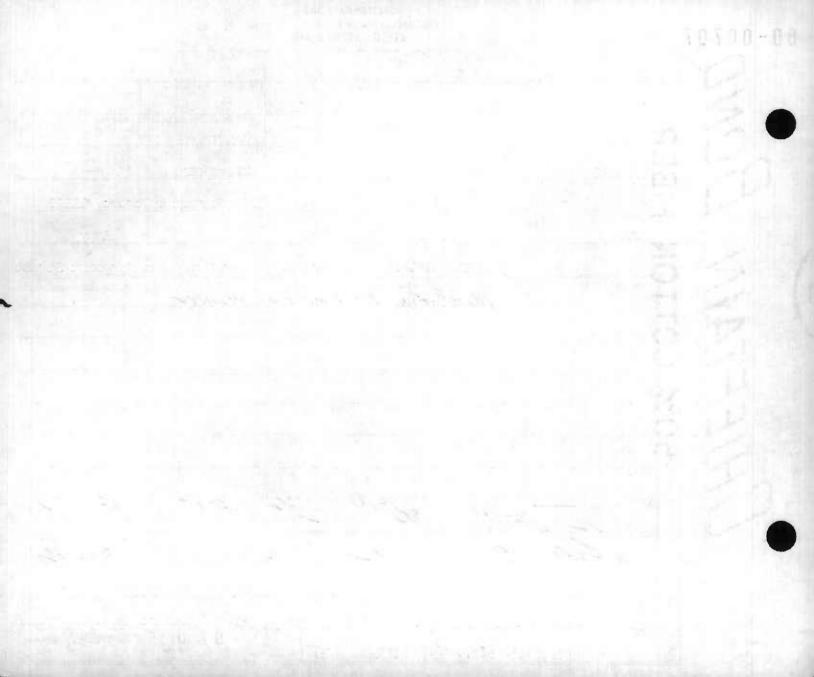
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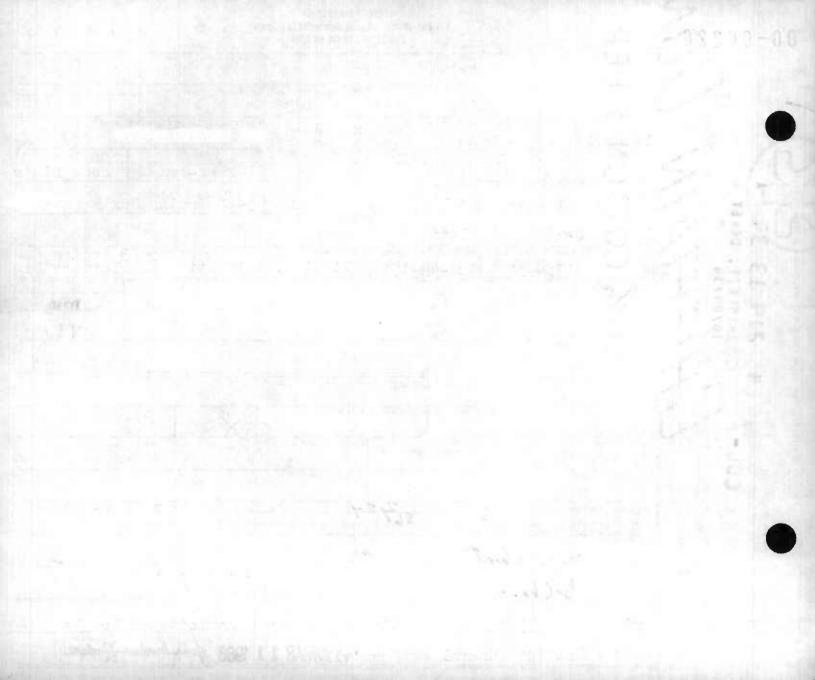
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(VR A15 ME (5)) 3331 Brehms Lane, Balto, Md. 21213 WAN 2 0 1986 GOALD WAN 2 1986 (1986)	(VR A15 ME (5))		3331 Br	ehms Lan	e, Balto.	Md.	21213	Sh-		MA	1K Z	6 1986	5 gul	ha David	Koon-I	Contract	



FOR

REGISTRAR

Female

Maryland

Baltimore

Morris

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Maryland

FIRST Margaret

THE KACE

MIDDLE

White

XEVENER

DECEASED NAME

1 - STATE

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH Bentz Siemek 1986 9:05a.m march 5 A AGE (IN YEARS LAST BIRTHDAY) "B3 9 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore (ity 126 KIND OF BUSINESS OR Retired hurch Hospital Housework 6632 Hartwait Street 21224 Baltimore YES XX 15. MOTHER'S MAIDEN NAME Davis Mc (uen 66 SOCIAL SECURITY NO 17 INFORMANT Henry Siemek 6632 Hartwait St. 21224

MEDICAL STAFF
DIRECTOR PHYSICIAN

Baltimore (

Church Hospital 100 North Broadway Baltimore

		one couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED B IMMEDIATE C	(AUSE 10)C	ardiac Arr	est		
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	Arteriolos		lent	
z	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT			DITION GIVEN IN PART 110	
LIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	IRY IN 11EM 18 PART OR PART 2}	
	214 INJURY OCCURRED	PED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN				

ATTENDING

22e ADDRESS

Saint Stanislaus

DHMH - 16 60M 7/B4

BP.

harles S. Zeiler & Son Inc. 6224 Eastern Ave. (VRA 15, 4)

Nazemi MD

23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

74 FUNERAL DIRECTOR

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	l _		STATE OF MARYLAND		
1181	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 6	08059
ф ф	1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Simon	3 18 86	DNTH DAY YEAR 26. HOUR
ge 4 may be ector, page 3 is ofter death	Fomale	white	3 DATE OF BIRTH MONTH DAY 3 08 95	6 AGE (IN YEARS LAST BIRTHD	
eom Pos	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTR		A BALVIMORE CITY OR	
by the further desired with	BALTI MURE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVESTIN	ING HOME OR OTHER INSTITUTION	PANNA MARKATAN	VORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
filled in	USUAL RESIDENCE (IF NURSING HOA 130 STATE	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO BALTIMORE BALTIMORE	THE WE TO THE PROPERTY OF THE	? 131 STREET ADDRESS	de back Road
ompletely ond 2 si	FATHER'S NAME FIRST JOSEPH	MIDDLE LAST LEVI	NSOHN REBEC	MIDDLE	SHOBEN
on and co	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES. NO	ARMED FORCES? IS SOCIAL SEGME WAR OR DATES) 219-32		ADDRESS MON 1310 SADDLE	BACK RD. 21208
res from the control berrificory goed by the control borrow burrow control control by ro or other froumotic event	PART I. DEATH WAS CA IMME! Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause last PART 2 OTHER SIGNIFICAL	DIATE CAUSE 10) WOSPITO DUE TO, OR AS A CONSEO (c)	utory Arrest ac Failure	ERMINAL DISEASE OR CONDI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FOR GIVEN IN PART 1(0)
hos been si t permit. The	196 DATE OF OPERATION 3 18 86 210. ACCIDENT WAS UNDERLYING	fracture	HOPERATION WAS PERFORMED	YES NO	10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
pital or offending physici TOR: After this certificate for use as the burial-transi of Health and Mental Hygi	OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY I	COUNTY STATE
FUNERAL DIRECTOR OF THE STORE DEPT	220 I certify the (II) this h		DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	S MEDICAL STAFF	not hour and from the causes stated 21/2 DATE SIGNED 3/20/86
P	230 BURIAL, CREMATION, REMOVE ISPECIFY) BUR TAT	7AL 23b. DATE 23a	NAME OF CEMETERY OR CREMATOR	PALTIMORE	COUNTY STATE MARY LAND
DHMH-16 20M (VRA 15, 4) 7/7B	24 FUNERAL DIRECTOR SOL	LEVINSON & BROS.	, INC.	DATE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE



071	167	1.	FOR STATE REGISTRAR	DI		IEALTH AND MENTAL HY	REG. NO.	3 8 0 6 0
	- 2		CEASED NAME FIRST	WIDDLE		LAST .	20. DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
å /		TYPE	COM!	ER, M	51	MPSON	0:	3 09 86 OFTED AM
you I	2	3. SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDA	, and adding the
4	1		MALE	WHITE.	MONT		75	MONTHS DATS HOURS MIN.
604	1	7a B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	70 70	9 BALTIMORE CITY OR C	OUNTY OF DEATH
1 8	F 1/7		CAA.	USA		D NEVER MARRIED	N. A. T. L.	25 PITV
	£ 9	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME (120 USUAL OCCUPATION	1
15	5 \$46		BALTIMORE.	600D SAMM		SP OF MD	SUPERINTEN	DRKING LIFE) INDUSTRY
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24 h	old bio		DRY LAND 13h CO		TIMORE.	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII	
And N	sho Sho		THER'S NAME	1774	IMUILE	YES NO 1	1 27 NI EAS	T AVE 21224
A Vil	and 2	-	CEORGE	MIDDLE SIM	PSON	FIRST	WIDDLE	LAST
y of the second		160	VAS DECEASED EVER IN U.S.		AL SECURITY NO.	CARRIE 17. INFORMANT	ADDRESS	UAV13
cate be executed within	oges oges		TES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 2/30		VERA E. C		1 . 20 21230
pe pe	e e	-	No			VEICH C.	1816	INGRAM RD. 21239
roote hysic	ovol ovol		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line far (a).	, (b), and ic	+ itch	11/2. 0.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertif	Ley Ceve		IMMED	IATE CAUSE (a) MOS	MA CON	eno 1985 1 ma	1 Henoulia	70
5 th	moti			DUE TO, OR AS A CON	SEQUENCE OF	, disease		
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4 4	crem	-	cause (a), stating the underlying cause last	DUE TO, OR AS A COM	NSEQUENCE OF			
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NG PHYSICIAN: The low requires that the death certion offending physician.	Then property,	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART I I a
S a	prid	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	LIF YES, WERE FINDINGS USED
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Z Z	Hyg sh	ü	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR	21c HOW INJURY OCCUR	RED KENTER NATURE OF INJURY IN	ITEM IS PART 1 OR PART 2)
D A P P P P P P P P P P P P P P P P P P	riol-ti	AL	OR CONTRIBUTING CAUSE OF	DEATH	IN DAT TEAK			
HYS ndin	or H	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		ZH LOCATION	CITY OF TOWN	COUNTY STATE
offer t	s the	2	AT WORK AT WORK	(AT HOME STREET FACTORY	OFFICE FARM, ETC.)	SIRCE	CHYOKIOWIA	STATE
A A A	eolit mo		22a L certify that (I) (this ha	spital) attended the deceased	from	2-5 1986	, to 3-9	1986 that (I) (we) lost
TTEN	of H of H		saw the deceased alive	an 3-9	_19.86 a	nd that in (my) (aur) apinian	death accurred an the date of	and have and from the couses stated
OR A DIREC	hed hed		226 SANATURE	A A A		DEGREE		ZIL DATE SIGNED
	. 5 4	33	Homesly	. Edlary		1.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7 3086
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D. Ho	should be de with the Store		JONALD W	EDLOW		Good Same of	LITAN HOSPIT	M. BALTIMO 2123
TO Total	4 × ×	23o E	URIAL, CREMATION, REMOV.		123c NAME OF C	EMETERY OR CREMATORY	123d LOCATION	AL TONGETTO
BP			specify) Burial	3-12-86	Oakl		Balto.	Balto. Md.
			INERAL DIRECTOR			250 DA	TE REC'D. BY REGISTRAR 25%	
	16 60M 7/84 A 15, 4)		Henry W la	nkins & Sons	CO RE	Ito Md M	AR 1 0 1986 9	REGISTANT'S SIGNATURE MANAGEMENT
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STATE OF MARYLAND

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00-1	0 5 3		REGISTRAR		ME	DICAL EXAM	NER'S	CERTIFICATE	DP'DEATH	REG. N	0.		
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1000	SI Y Y	70 B	RTHPLACE (ST		76 CITIZEN OF W		To.		9 B/	ALTIMORE CITY	OR COUNT		
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	FC	REIGN COUNTRY)				WIDOW	IED NEVER MARK		Baltimore	- City	,	
	W. W.	10. C	TY OR TOWN	OF DEATH	11 NAME OF HOS	PITAL, NURSING HO	ME. OR OTH		120 USUAL C	OCCUPATION (TY		12b. KIND	OF BUSINESS
	PAGE PAGE	P	altimor	re	1521 Pa	CILITY, GIVE STREET ADDRES	(S)		COO	DF WORKING LIFE			oustry caurant
_	S T C DE	USU	L RESIDENCE	IF IN NURSING HOME C	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADM						Nest	auranc
. 2120	2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED. ALL RECORDS—201 W.		Md.	13b COUN	TY	Balto.	4	13d. INSIDE CITY LIMITS?		Park Av	/e. 2	1217	7
BALTIMORE, MD. 21201	PATH PATH	14. F/	ATHER'S NAME FIRST		WIDDLE	EAST		15. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
WO	RS AFTER DE GIVE PAGE WITH FORM F. PAGES I A DIVISION OF	160 V	VAS DECEASEL	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	60	4 ADDRES	5 Upl	and	Rd.
ALT	S AFTER IS GIVE PAGES I		Unkn			202-20-	-3697	Mr. Ma:	rshall	Robins	son B	alto	., Md.
	MIT P		IB CAUSE O	DEATH (Enter on	ly ane couse per line	for (a), (b), and (c).)						APPRO	XIMATE INTERVAL
12	AL ENEW		PARTIDE	ATH WAS CAUSEI	TE CAUSE (6) Ci	rrhosis of	the	liver				BETTHEET	Order Arto Dearin
/ 8	ANSIT PER AL HYGIEN REMOVAL					AS A CONSEQUENC							
1 2	- TRANSIT ENTAL HY OR REMO			s, if ony, which e to immediate	(b)								
1	S S S		cause (a)	stating the under-	DUE TO, OR	AS A CONSEQUENC	E OF			-			
20	O W SAL		lying cou	se last.	(c)								
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9	D BE EXE PENDING MEDICA AS A BU EALTH AI CREMA	NO											
DIVISION OF VITAL RECORDS		CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OF	ERATION W	AS PERFORMED?				20 AUTO	OPSY?
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OF.	ATE WENTER WENTER	1 8		L CAUSE WAS	21b. TIME OF		AR 21c. HG	OW INJURY OCCURR	ED LENTER NATUR	OF INJURY IN ITEM 18	PART I OR PAR	T 2)	
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VISI	RITING REDED REDED SE 3 SH RE DEP	MEDICAL	21d INJURY C		21e PLACE	OF INJURY AT HOME,		CATION	C (T)	OR TOWN			
ō	0) - 4 (1) (- 7)	2	AT WORK	NOT WHILE E	3,,,,,,,	TONT, FARM, ETC.)		SINCE	CITY	OKTOWN	COU	NIY	STATE
	RE THI PRWA R: PAC E STA D, 212		22a 1 costi	w that I tank chara	e of the remoins des	cribed abave, held ar	Head	d enly				0.5	
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	IN THE		ged in resulte	An a	dicouses (A),	Accident [],	Suicide	TITLE (SPECIFY)	Undetermin	ed monner,			
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	MEDIC CCUTE GE 4 S FUNE FUNE TIMO	-	EXAMINER'S I	NAME Ann	M. Dixon	, M.D.		ADDRESS 111	Penn S	t., Balt	.o., M	D 21	1201
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMAT	ION, REMOVAL 2	3b DATE	123c, NAME OF C	EMETERY O		23d LOCATI	ION			
07/B4		15	PEC IFY\	emoval	311211186				CITY OR TO	VN	COUNT	Υ	STATE
25M		24 F	JNERAL DIREC					15 DATE	REC'D BY REG	ISTRAR 256 REG	ISTRAR'S EL	CHAPINE	
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STATE OF MARYLAND

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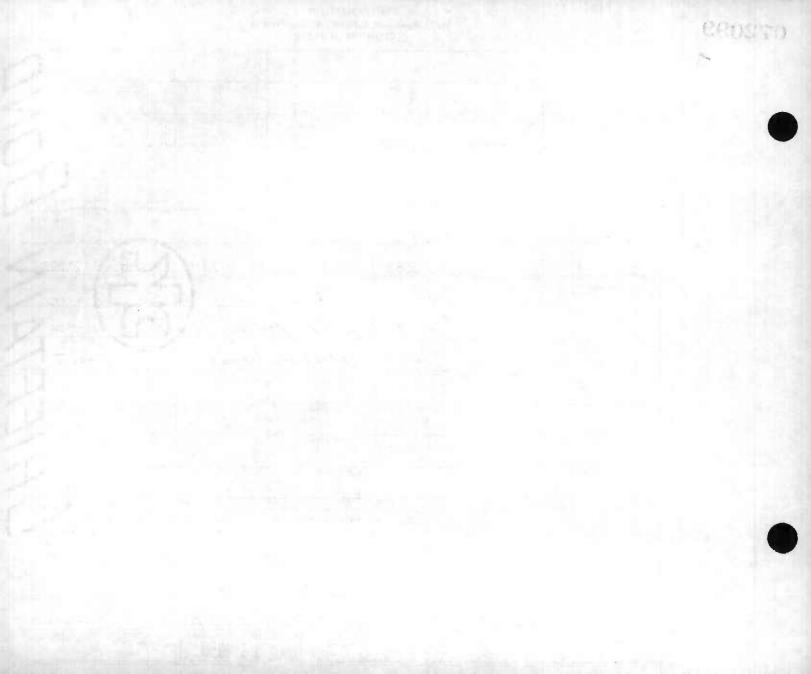
Chartes S. Zeiler & Son Inc. 6224 Eastern Ave.

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1	1	FOR STATE		DEPARTMENT OF HEALT		36 1)	300
-		REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE C	REO. INO.	
		CEASED NAME FIRST		WIDDLE	LAST	20 DATE KNOWN ANTH	DAY YEAR 26 HOUR
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I	3. SEX		5 DATE OF BIRTH	6 AGE (IN YEARS IF U		24 HRS. 2t. DATE MONTH	DAY YEAR 24 HOUR 2:40
ı	F	EMALE BLACI	(11 30	1961 24 YRS. MON	DA73 THOOKS	DEAD 3/	23/19 86 A M
	7s B1	RTHPLACE (STATE OR IREIGN COUNTRY)	76 CITIZEN OF W	MARI	RIED NEVER MARR	IED Y BALTIMORE CITY OR COUN	TY OF DEATH
l	m	aryland	U.S.	A. WIDON	WED DIVORC		У, мо.
I	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR OT	HER INSTITUTION		126 KIND OF BUSINESS OR INDUSTRY
ļ		Baltimore		Hospital		FOOD SERVICE	
1		AL RESIDENCE (IF IN NURSING HO)	AE OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	12a STREET ADDRESS	21218
ľ	N	ARYLAND 136 CA	J.S.	BALTIMORE	YES NO	2525W. COLD SPR	ING LANE
Ĭ		ATHER'S NAME	WIDDLE	lass	15. MOTHER'S MAID	AIDDIF	LAST
1	1	RONALD		SMITH	DORIS	HIL	L
Ī		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	21215
l		ES, NO OR UNKNOWN) (IF YES, G	The Wall on Street	219-76-4241	DORIS S	MITH 2525W. COLD	SPRING LANE
ı		18 CAUSE OF DEATH (Enter	only one cause per line	e for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAU	SED BY: IATE CAUSE (o)	Gunshot	Wound of B	ack	
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		cause (a) stating the und		AS A CONSEQUENCE OF			
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ľ	CERTIFICATION						
I	CA	190 DATE OF OPERATION	19b. COND	TION FOR WHICH OPERATION V	WAS PERFORMED?		20 AUTOPSY?
Į	E						YES X NO
١		210 EXTERNAL CAUSE WAS	21b. TIME O HOUR A.A	FINJURY A. MONTH DAY YEAR	OW INJURY OCCURRE	ED (ENTER NATURE OF MUNRY IN ITEM TO PART I OR PA	(RT 2)
	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE C	F DEATH 1:12%	x 3/23/ 1986 st	ubject shot		
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I		WHILE NOT WHILE AT WORK	parl	king lot 433	38 Reisters		
1		22a I certify that I took ch	_		psy X, Inspectio		pinion
1	1		itural causes	Accident Suicide	, Hamicide X	Undetermined manner .	
1			MI	\ /	TITLE (SPECIFY)		
		ACTUAL SIGNATURE	NX			T MEDICAL EXAMINER SIGN	an 3/23/86
			, ,			MEDICAL EXAMINER 2/04	.0
		TYPE OR PRINT) G	regory R.	Kauffman, M.D.	ADDRESS 1	11 Penn St.	
	23a.B	URIAL, CREMATION, REMOVA BURIAL	23b DATE	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION COL	INTY - STATE
	(5	BURIAL	3-27-86	BALTIMORE	CEMETERY	BALTIMORE	M.D.
		UNERAL DIRECTOR	ADDRES		MARAZ	REC'HOROGISTRAN ZEL REGISTRAN Y	VGNATURE
I		REDD FUNERAL	HOME 52	09 YORK ROAD			

Bernard D. 117-11

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		T. DE	CEASED NAME	FIRST		WIDDIE		LAST		20. DATE KNOWN	_	DAY YEAR	26 HOUR
	S NEGESARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W.PRESTON STREET.			Damor	n		5	Smith		OF ESTI- DEATH MATED	5	19 19 86	
	STREET STREET	3. SEX	4	RACE	5. DATE OF BIRTH	YEAR 6 AGE (IN			UNDER 24 HRS.	2c. DATE PRONOUNCED	HTMOM	DAY YEA	TE TIOOK
	ARY TON TON		M L	В		86	YRS.			DEAD	3	19 1986	3:49 p M
-	SEES SEES	FO	RTHPLACE (STA REIGN COUNTRY) ARYLAN		7b. CITIZEN OF WI	.S.A.		RIED NEVE	R MARRIED	9. BALTIMORE CIT	mineral.		
	S NE		TY OR TOWN O			PITAL, NURSING HO	WIDO\		DIVORCED 120. USL	Baltin JAL OCCUPATION	nore Ci		MD.
	PAGE 5 PAGE 5 SEFILED, V	Ba	altimore		Union Me	emorial Ho	spita			N/A WORKING LIFE)		OR INDUS	
21201	I. F ANY DELAY IS NE AND 3 TO THE FUI B. RETAIN PAGE 5 RECURDS, 901 W.I. RECORDS, 901 W.I.	13a. S	TATE ARYLAN	13b COUN	TY	130. CITY OR TOWN BALTIM	ORE	13d. INSIDE CITY	LIMITS? 13 STR	8 ASHERW	OOD A	VE. 21	218
MD.	H. H.		ATHER'S NAME FIRST		MIDDLE	LASI		15. MOTHER'S	S MAIDEN NAME	MIDDLE		LAST	
ORE,	AN AND IN	-	ERCY	5.450 0.1140 10.		SMÎTH		SAN		1000		WALKER	
BALTIMORE	ASION ISSON	(Y	ES, NO, OR UNKNOW	EVER IN U.S. AR/	ED FORCES? AR OR DATES) 16b. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT ADDRESS SANDRA WALKER 1908 SE							HERWOOD AVE.	
2.0	2 1		18 CAUSE OF	DEATH (Enter on TH WAS CAUSE	ly one couse per line	for (a), (b), and (c).)						APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
PRESTON ST.	大臣の野堂		TAKTIBEA		E CAUSE (a)	Sudden Inf		eath Sy	ndrome				
TEST	NO WE ASSESSED.		Conditions	, if any, which	DUE TO, OR	AS A CONSEQUENC	E OF						
	EN SECTION OF SECTION		gave rise	to immediate	(b)	AS A CONSEQUENC	E OF						
2011	SAN	z	lying couse	lost.	(c)								
RECORDS, 201 W.	"PENDING" "PENDING" EF MEDICAL RED AS A BUR HEALTH AND AL CREMATIC		PART 2 OTHER SIGN	IFICANT CONDITIONS		BUT NOT RELATED TO THE TE	RMINAL OISEA	SE OR CONDITION GI	IVEN IN PART 1 (g)			1	
REC	A SA	TIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPS	V2	
ITAL	HOUSE NOTE AND A STATE OF THE S	IFIC.										YES S	
DIVISION OF VITAL	WNER. THIS CERTFICATE SHOUD BIFICATE, WRITING THE WORD "FER E PORWARDED TO THE CHIEF METORE. PAGE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HEAVILAND, 21201 PRICR TO BURIAL CHAND.	MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTING			MONTH DAY YE	AR 21c H	IOW INJURY O	CCURRED (ENTER)	NATURE OF INJURY IN ITE	M 18 PART 1 OR P		
DIVISIO	RITING RDED T RDED T SE 3 SH SE 3 SH OI PRIC	MEDIC	21d. INJURY OC WHILE AT WORK	CURRED	21e PLACE C			OCATION STREET		CITY OR TOWN	CI	OUNTY	STATE
	R: THI				e of the remains des	cribed obove, held on	Autoj	psy X, li	nspection ,	Inquiry .	and in my o	מפותומת	
	L EXAMINER: E CERTIFICATE, OULD BE FORVAL DIRECTOR: F, H, WITH THE SI, MARYLAND,		death resulted	I fram: Natur	al causes .	Accident	Suicide _], Hamicide	Undete	ermined manner].		
	EXA CERT JUD DIRE WIT WAR		ACTUAL	A	0-	\		TITLE (SPE	*				
	SHOW HE WATER		SIGNATURE_	INV	X	2	^	A.D. Assi	stant MED	ICAL EXAMINER	DATE	ED 3/20	/86
	TO MEDICAL EXAMNER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	9m	EXAMINER'S N (TYPE OR PRIN	AME A	nn M. Dixo	on, M.D.		ADDRESS_1	ll Penn	St. Bal	to, ME) .	<u> </u>
	DAY DAY A	15	URIAL, CREMATI	ON, REMOVAL 2	36 DATE	23c. NAME OF C			CITY	CATION	COL	UNTY	STATE
07/84 25M	BP		JRIAL UNERAL DIRECT	OR	3-31-86	CEDAR	HIL			NE ARUN		MARYLA	AND
	DHMH - 17 (VR A15 ME (5))				INC. ADDRESS	01 E.NOR	TH A	VE	MAR	2 7 1986	O	SIGNATURE	andres

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

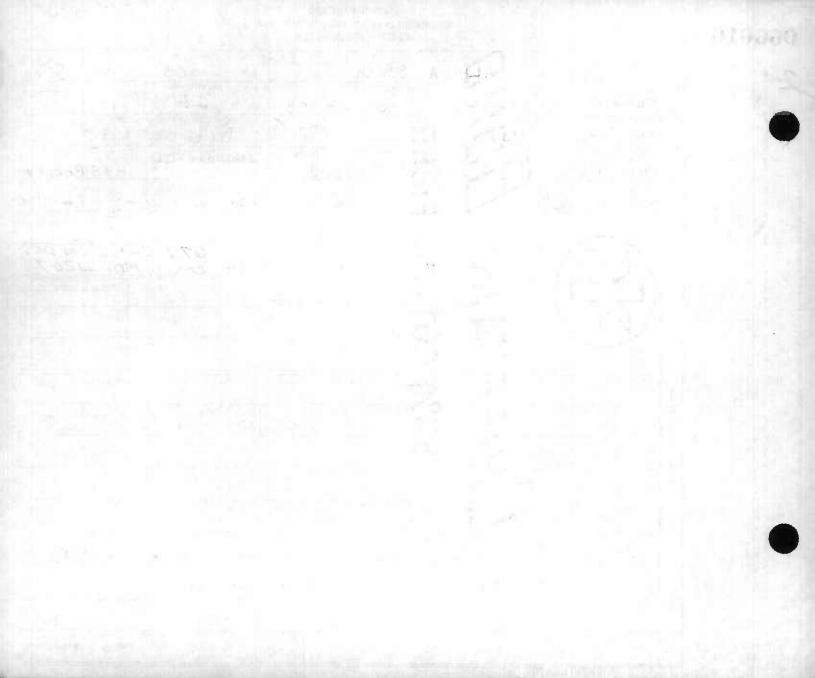
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-	CTOR After this certificate has been signed by the attending physician and so more. They the funeral director program	I far use as the burial-transit permit. Then please remave corban papers. Pages I must reguld be filed within 72 haurs all media	
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and a supplied to the supplied	er this	the bu	, of Health and Mental Hygiene prior to burial, cremation, ar remaval.
,	OR Aft	r use as	Health
1	CT	of E	o.

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VRA 15, 4)

	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
Ž		CEASED NAME PIRST OR PRINT) De loves	ALTHEA	Smi	4h	20. DATE OF DEATH	MONTH 03	02 86	520 PM
	3. SE	FEMALE	BKCK	S DATE C		6. AGE (IN YEARS LAST BE	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
35	7a. BI	RTHPLACE (STATE OR FOREIGN 7 COUNTRY) Mayuand	LISA .	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY C	move	G'ty	MD.
38	10 C	Baltimne	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH PACILITY, GIVE STREET	ADDRESS)	DROTHER INSTITUTION		Y GO S S T	126. KIND (INDUSTRY H+S	
5	130 5	AL RESIDENCE (IF NURSING HOME OR C STATE TIME COUNTY	DIHER INSTITUTION, GIVE RESIDENCE BEFORE 130. CITY OR TOW C'TY		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CON		St 2/20
	14 FA	ATHER NAME FIRST M	MDDLE SMIT	h	15. MOTHER'S MAIDEN NA	MIDDLE		HIL	26
1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (18 YES, GIVE	MED FORCES? 166 SOCIAL SECU 217-74-	3811	LOUIS G. S	SMITH BA	ITO,	MOIL	21207
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		die Mon	naru arres			BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	NC	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) UN KNO DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO 1	ENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION G	IVEN IN PART 1	lo:
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FIND FIFYING CAUSE YES []	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	RY IN ITEM 18	B PART (OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
		77a I certify that (I) (this haspital saw the deceased alive an obave, (I) (we) (did) (did not 72b SIGNATURE		Y6 . 01	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the c	ote and h		, that (I) (we) last e causes stated ESIGNED
1		22d PHYSICIAN'S NAME (TYPE OR Kathleen M	Fanning		22e ADDRESS	reene St		1	1
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL (SPECIFY)	23b. DATE 23c t 3/7/1986 Mt.	. Aubc	EMETERY OR CREMATORY I'm Cemetery	23d LOCATION CITY OR TOWN Baltimore TE REC'D. BY REGISTRAR			Maryland
84	25	HUTERE ETRE & Sons Fui	neral Home, Inc.			IAP 5 1096	J. WEG	WWIGON	-Randelle



William Reese & Sons Mortuary

Md.

2b. HOUR

205

NO T

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

000 000 226 No state TVI Samuel Constitution of March to the state of the s A SECURITION OF THE PARTY OF TH

FOR

REGISTRAR

DECEASED NAME

- STATE

LIVEE OF PRINTS

3 SEX

MONTH 22 26 4 Female **Black** 63 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY Pa BIRTHPLACE I STATE OR FORFIGN MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland DIVORCED X WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IL CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Maruland General Hospital SUAL RESIDENCE (IF NURSING STATE ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STREET ADDRESS / ZIP CODE 130 CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore 837 McKim Street Maryland YES X NO Z 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE William Coleman Mabel 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 217-14-0861 Betty Grant 541 Laurens Street APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

Hapatic Failure IMMEDIATE CAUSE (0)_ DUE TO OR AS A CONSEQUENCE OF Canditions, if ony, which b) Primary Hepatoma gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Recurrent hepatic encephalopathy; Alcohol abuse. CATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? CERTIFI NO nto! Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE FARM, ETC.) WHILE NOT WHILE 220.1 certify that XIX this haspital) of sanded the deceased from March saw the deceased alive an March 2, 19 and 19 86 to March 2. saw the deceased alive an obove XIXwe) (did XIXXX) view the body ofter death 226 SIGNATURE DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S PARE THE ORPRINTS 22e ADDRESS d bl Dr. Parikh , M.D. c/o Maryland General Hospital 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY BURTAL 3/7/86 King Memorial Park Baltimore Co. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 MAR March Funeral Homes 1101 East North Avenue (VRA 15, 4)

Mae

Ethe1

4 RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5. DATE OF BIRTH

20 DATE OF DEATH MONTH

AGE (IN YEARS LAST BIRTHDAY)

March 2, 1986

12h KIND OF BUSINESS OR

2b HOUR

4:30P

21212

Hargrove

l day

IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and that in (*X'(our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED 3/

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

una Daydon Handelle



NI DESERVED

DHMH - 16 60M 7/B4 (VRA 15, 4)

Ambrose Funeral Home, Inc. 1328 Sulphur Spring Rd MAR

in invitantion fandete

Similar Money of the St.

072102	1.	FOR STATE REGISTRAR		MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		7 3
1		EASED NAME FIRST	MIDDLE	ı	AST	16. DAIL OF DEFRICE	MONTH DAY YEAR	2:50 a
0 100		Ken	neth Eugene	-	Smith	March 9,		
2	3. SEX		4. RACE	S DATE C	T Piliting	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
16 0	1	Male	White	10/3	3/1930 YEAR	55	YRS.	
1		THPLACE (STATE OR FOREIGN Marylan	76. CITIZEN OF WHAT COUNTRY	MARRIE WIDOWE	DINEVER MARRIED DINORCED	Baltimore city or Baltim	ore City	MD.
20	4	ror town of DEATH Ltimore	11. NAME OF HOSPITAL, NURS (LE NOT IN SUCH FACILITY, GIVE STREET 3806 Saint	ng HOME (120 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Ret. Mac	working life) INDUSTRY	own Cork
illed in		RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 134. CITY OR TO Baltin		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS. 3806 Sai	and nt Margar	et St.
sho 2 sho	14 FA	THER'S NAME	1457		15. MOTHER'S MAIDEN NA	ME MIDDLE		21225
P 3610	W	illiam	Ötis Šmj	th	Agnes	IV	lay	Eckert
Poges V	16a. W	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (1EYES, U	ARMED FORCES? 166 SOCIAL SEC SINE WAR OR DATES) 220-24		Frieda J.	Smith San		
s been signed by the attending truin. Then please remove cost prior to burial, cremation, or to apply injury, or other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQ (c) IT CONDITIONS CONTRIBUTING TO	DEATH BUT		AINAL DISEASE OR CONI	20b. IF YES, WERE FINE	DINGS USED ES OF DEATH?
haw haw	l li					YES NO	YES 🗌	NO 🗆
Mental Hygier		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUI	RY IN HEM 18, PART I OR PART 2	
alth and Me morked of	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	YN COUNTY	STATE
(AL DIRECTOR: detached for us ate Dept. of He UT: If Item 21 is	7	saw the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	ospital) attended the deceased from an 19 not) view the body after death.		THE TANKS WELL	death accurred on the do	ate and hour and from the 22c. DA'	TE SIGNED
of shape of the state of the st		Burial, cremation, remov SPECIFY) Burial			CEMETERY OR CREMATORY Hill Ceme te	23d LOCATION CITY OR TOWN	county Ore. AA Co	state Md.
BP	24. F	UNERAL DIRECTOR	237 E. Patap			TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN.	ATURE
(VR A 15 (4)) 9/74		Cully Funer		o M	d. 21225 M	AR 1 1 1986	Gulia Davidson	- Mandret

Sent to the second of the seco

069030

REGISTRAR

FEMALE

BIRTHPLACE ISTATE OR FOREIGN

18 CITY OR TOWN OF DEATH BALTIMORE

> FIRST Howard

IYES NO OR UNKNOWN

FIRST

4 RACE

SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o).

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY.

Conditions, if any, which gave rise to immediate cause ia, stoting the

underlying cause lost

90 DATE OF OPERATION

21d INJURY OCCURRED

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

CERT

MEDIC

MARTE

DECEASED NAME

(TYPE OR PRINT)

Md.

Md.

4 FATHER'S NAME

Latt

STATE OF MARYLAND FOR - STATE

MIDDLE

MARGARET

76 CITIZEN OF WHAT COUNTRY?

WHITE

U.S.A.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 8 0 CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

23c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

SMITH

5. DATE OF BIRTH

WIDOWED 3

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13c. CITY OR TOWN

Fowler

215-52-2552

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

166 SOCIAL SECURITY NO

Carcliopulmonar

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Balto.

IFICATE OF DEATH	REG. N	٥.			
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
MITH		3	3	86	8:30P M
OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDE		IF UNDER 24 HRS
ff 1906	79	YRS.	MONTHS.	DATS	HOURS MIN.
IED NEVER MARRIED VED DIVORCED COR OTHER INSTITUTION	9 BALTIMORE CITY O BALTIMORE 120 USUAL OCCUPATI	CIT	Y		MD. F BUSINESS OR
L	Housewit	F WORKING L		USTRY	1 BOSH4ESS OK
13d INSIDE CITY LIMITS? YES TO [13e.STREET ADDRESS / 534 S.Bent	ZIP COD	E Bal	to.	, Md. 21223
15 MOTHER'S MAIDEN NAME FIRST Annie	ME MIDDLE			LAS	1
Mrs. Eleanor	S. Bentalou M.Benner	SSt.	- Ba		., Md. 1223
ronary Arres	۲,		8	APPROXI	MATE INTERVAL DNSET AND DEATH
UT NOT RELATED TO THE TERM	inal disease or con	DITION GI	VEN IN I	PART In	
ION WAS PERFORMED	20a AUTOPSY? YES NO	IN CERT			IGS USED OF DEATH?
R 21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)	
211 LOCATION STREET	CITY OR TO	WN	co	UNTY	STATE
and that in (my) (aur) opinion	death accurred an the de				that (I) (we) lost
DEGREE M.D ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF _			SIGNED
St. Aynes.			5-1		

ORTANI DHMH - 16 60M 7/84 (VRA 15, 4)

Mar. 6. 1986 24 FUNERAL DIRECTOR

23a, BURIAL, CREMATION, REMOVAL

Entombment

226. SIGNATURE

chuah

220.1 certify that (1) (this hospital) attended the deceased from

above, (1) (we) (did) (did nat) view the bady after death

23b. DATE

23d LOCATION

CITY OR TOWN

Balto.

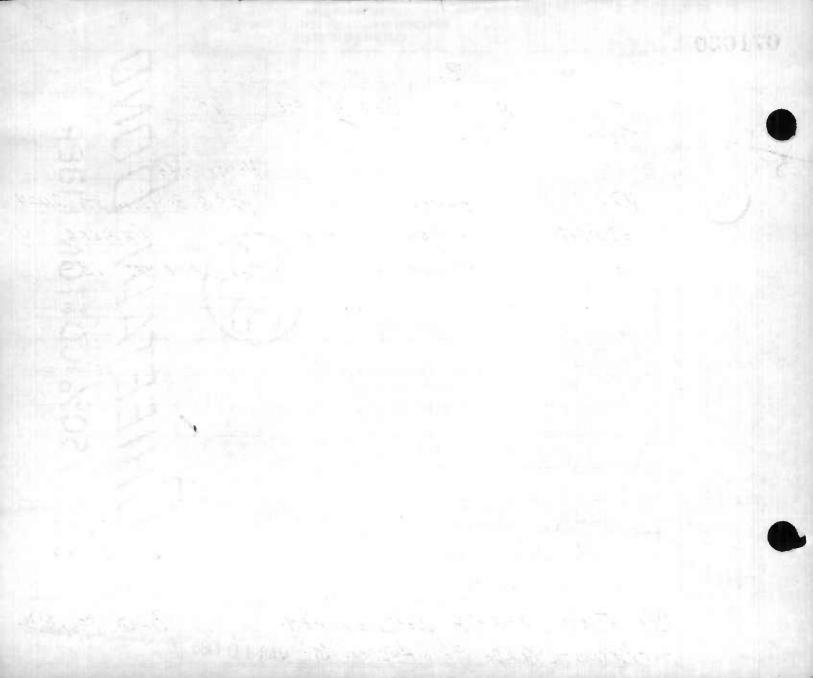
COUNTY STATE Md.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

.bt.,.olda - ... sacas ... - milc., rd.

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STATE OF MARYLAND



BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

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16

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

071 8 Û

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENT		ENE 3 6	O	8 0	, ,			
/		CEASED NAME FIRST		MIDDLE	l.	AST			MONTH	DAY YEAR	26 HOUR			
	(TYPE	ORPRINT) Mary			SMI	ГТН		March	14	1986	12:0	P		
	3. SE)		4 RACE		5. DATE C		6	AGE (IN YEARS LAST DIRT		IF UNDER . YEAR	IF UNDER 24			
H	E	Flante	RIO	1,	MONTH	DAY Y	IS	65		MONTHS! DAYS	HOURS A	MIN.		
	Za Bl	RTHPLACE (STATE OR FOREIGN	TO KAC	WHAT COUNTRY?	8			BALTIMORE CITY O	YRS	TY OF DEATH				
8		COUNTRY	110	- 4		D NEVER MARR								
	10 CI	TY OR TOWN OF DEATH	II NAME OF	HOSDITAL NILIBSIN	WIDOWE	D DIVORC		Baleimor	CONTRACT OF THE PARTY OF THE PA		F BUSINESS	MD.		
8	В	Baltimore	(IF NOT IN SUC Mar	yland Gen	address) leral			OMES TI	WORKING		F BOSINESS	OK		
L	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		GIVE RESIDENCE DEFORE		1 13d INSIDE CITY LI	MITS?	13e STREET ADDRESS	ZIP. CO	DE	APT.	704		
1	1	1ARYLAND		BALTIM	TORE	YES NO		717 DRUID	PAR	K LAKE	DR 2	W217		
	14. FA	ATHER'S NAME	AIDDLE	LAST		15 MOTHER'S MAI	DEN NAMI							
		ESAC	AIDDLE	PIERCE		MAN	NA	WIDDIE		- TOHNISA	241			
	16a V	VAS DECEASED EVER IN U.S. AR	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	, , , ,	ADDRE	SS	A	PT TO			
	Ü	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			Louis	SMIT	TH 7/70	Ruid	PARK LAKE		2121.		
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per BY:	Intracer		Plead				BETWEEN	ONSET AND DE	ATH		
		IMMEDIAT	E CAUSE (a)	Incracer	EDIA	breed					-	_		
		Carabian G	DUE TO, O	R AS A CONSEQUE Hyperte		2				7				
		gove rise to immediate									_			
		underlying cause last.	DUE TO, O	R AS A CONSEQUE Hyperos		state								
	N	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	nal disease or coni	DITION C	GIVEN IN PART 1	5			
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED)	20a AUTOPSY?		YES, WERE FINDING				
	TIFI			904				YES NOT		YES	NO [-		
2	CE	210 ACCIDENT WAS UNDERLYING	216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 1	8 PART I OR PART 2)				
7	AL	OR CONTRIBUTING CAUSE OF DEA	n l	M.	19	Acres 1								
	MEDICAL	21d INJURY OCCURRED	21e PLACE			211. LOCATION		CITY OR TO	VN	COUNTY	STAT	E		
	×	WHILE NOT WHILE AT WORK	(AT HOME SH	REET FACTORY OFFICE FA	ARM EIC)	SINCE		Citron 101		Coortin	3181			
		22a. I certify that (K(this haspit			March	, , ,		_, toMarch	14		that X (we)			
		saw the deceased plive an above, (K (we) (did) (did)(M	March view the body	ofter death.	86_, or	nd that in May) (our)	opinion de	eath accurred on the da	te and h	our and from the	couses stated	d		
		226 SIGNATURE	1	100		DEGREE				22c. DATE	SIGNED			
		Mollamse	we	Aler	- 1	C 9 PHYSI	ICIAN X	MEDICAL STAF		3//	5/16	,		
		22d. PHYSICIAN'S NAME (TYPE OF	PRINT			22e ADDRESS								
		Mohammed Asla	m, M.D.			c/o Mar	ruland	d General H	ospi	tal	7			
		BURIAL, CREMATION, REMOVAL	236. DAJE	1- , 23c N	IAME OF C	EMETERY OR CREM		23d LOCATION						
	1	BURIAL	3/19/	86 M	T. Z11	ON CREM.	JN 19	BALTIMORION	=	MI	STATE			
1	24 FL	JNERAL DIRECTOR WM	T.	ADDRESS			25a DATE			STRÁR'S SIGNAT	URE			
		SPICER FUNERAL	HOME	1639 N.	BROAD	WAY	MA	R 2 0 1985	Sin	a discretion-	4 Indeh	4		

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG		(G. NO.	180	7.	8
		CEASED NAME	FIRST		MIDDLE	· ·	AST	7 × X	20 DATE OF DEA		DAY YEAR	2h HOU	R
	litte	OR PRINT)	Sophia		L	Sir	nith		03/02/	86		9:0	O an
	3 SEX	<		4 RACE		5. DATE C			6 AGE (IN YEARS L	AST BIRTHOAY)	MONTHS DATS	IF UNDER	24 HRS MIN.
	1	Female		Whi	te	MONTH	17	1894	92	YRS		HOURS	MIN.
1		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER		9 BALTIMORE C				
2		Maryla	nd	US	Α	WIDOWE		NORCED T	Baltimo	re City	r		MD.
7	/	TY OR TOWN OF	DEATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME (TITUTION		MOST OF WORKING	126 KIND C	F BUSINE	
1		altimore		9	es Hospit			100	Salesla	dy	Dept	Sto	re
5	13a. S	Maryland	13P CON	timore	GIVE RESIDENCE BEFORE 13c CITY OR TOW Arbutus	N	13d INSIDE	NO ₩	13e STREET ADDR		venue, 2	21229	
h	the same of the same of	THER'S NAME					15 MOTHER	S MAIDEN NA	ME				
4	/	Edward		MIDDLE	Giller		Lul	a a	MID	OLE	Swi		
0		VAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	A	ADDRESS	0112		
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	W	WHILE ONO	WHILE WORK	(AT HOME STR	REET FACTORY OFFICE F	ARM ETC)			CITY OR TOWN COUN			5	STATE

22a | certify that (1) (this hospital) attended the deceased from. saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated DEGREE 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Michael Enoch, M.D.

Baltimore, Md 21229 900 S. Caton Avenue

236. DATE 230 BURIAL, CREMATION, REMOVAL 3/5/86

Burial

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery 23d LOCATION Baltimore

Mary l'and

DHMH - 16 60M 7/84

(VRA 15, 4)

BP

24 FUNERAL DIRECTOR

21229 Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE in werdon pandell

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DHMH - 16 50M 4/83

(VRA 15, 4)

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RECUSTRAR

Wm.N.Snyder 1267 Stevene Ave. 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY (our) opinion deoth occurred on the date and hour and from the couses stated 22c DATE SIGNED SPEBURIAL BALTIMORE CITY MARYLAND STATE 3/11/86 LOUDON PARK CEMETERY 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AMBROSE INC. 1328 SULPHUR SPRING RD 21227 a muidour hands

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

IF UNDER 24 HRS



STATE OF MARYLAND



STATE OF MARYLAND

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5 % ½ X	23a, E	BURIAL, CREMATION, REMOVAL SPECHY) BURIAL	MAR.16,1986		EMETERY OR C		230 LOCATION CIBALTIMO	RE	COUNTY M	ARY LA'N'D
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		1		STATE OF MARYLAND	0 8 4
		11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6	004
	//	1''	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
11 - 11	791145		CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN X MONTH	DAY YEAR 25 HOUR
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	PLEASE CTOR. FILES. HOURS TREET,		Richard	ANNO! SPECIES ON!	31/19 86 M
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TO COL	SARY ALDIN TIN 72	- 70 B	RTHPLACE (STATE OR 7)	CITIZEN OF WHAT COUNTY OR COUNTY	
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	S. 品品品 1~	7 10.C	ITY OF TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] TO NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]	26. KIND OF BUSINESS OR INDUSTRY
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BALTIMORE, MD, 2120	HOURS AFTER DEATH, IF ANY DELAY IS N M 18. GIVE PAGES 1, 2, AND 3TO THE FU MNG WITH FORM PM 3. RETAIN PAGE 5. RMIT, PAGES 1, AND 2, SHOULD, BE FILED, V RME, DIVISION OF VITAL RECORDS, 201 W LL.	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR	214/80/0199 (JERONICA SORANS 2409 Keyn	noth Day
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	THIS WARI WARI 2120		AT WORK		
	SE S		22a I certify that I took charge o	if the remains described obove, held on Autopsy 🕅 Inspection 🔲 , Inquiry 🔲 , and in my opin	iion
	ME STEET		death resulted from Natural a	causes XX. Accident Suicide , Hamicide Undetermined manner .	
	SE GENERAL SE			TITLE (SPECIFY)	
	MO301.8		ACTUAL	DATE DATE	4/1/86
	SEX SE	7	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER SIGNED	4/1/00
	NO N	1	EXAMINER'S NAME	D W CC U.D. 111 Down Of	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR PAGE 4 SHOULD BE FORCH IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE WORD "PENDING" IN PENCIL IN ITEM 18. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. BAFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIALL, CREMATION, OR REMOVAL.			ory R. Kauffman, M.D. ADDRESS 111 Penn St.	
	EDS E 4 9	23a. 8	SURIAL, CREMATION, REMOVAL 236	DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNT	Y STATE
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	(VRA 15, 4)		6010 REISTER	RSTOWN RD.	BALTO., N	MD 2	21215 MA	R 1 4 1986	"his Drividson	- Mandelle

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC D. BY REGISTRAR BY REGISTRAR'S SIGNATURE MAR 2 6 1986

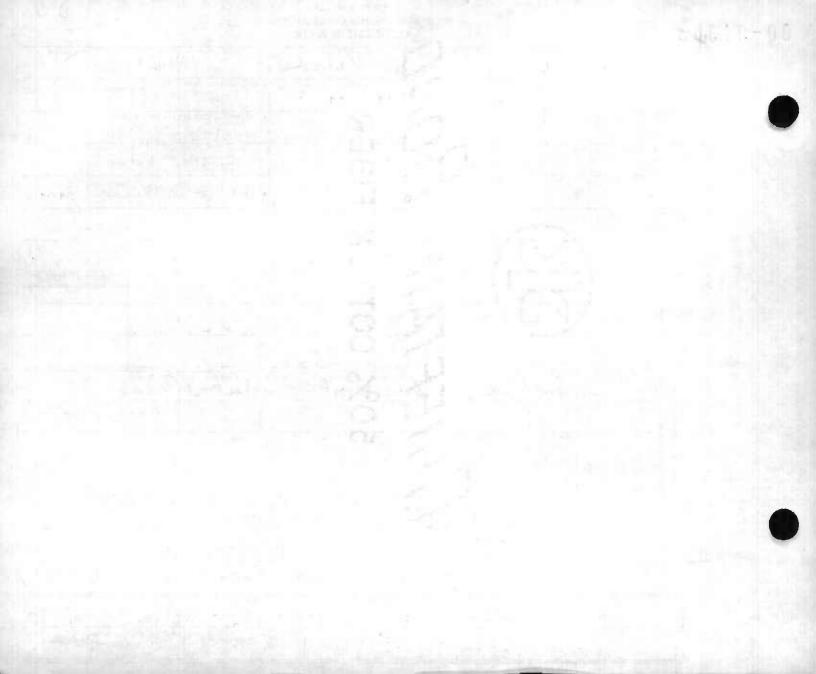
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ŝ	REGISTRAR			CERTIF	ICATE OF DE	HTA	REG. N	10.			
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	3. SEX	4 RACE		5. DATE C		WE 1 B	6 AGE (IN YEARS LAST BE		MONTHS DAYS	IF UNDER	MIN.
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A	Baltimore	Bon Se	HOSPITAL, NURSIN H FACILITY, GIVE STREET A BCOUR HO	GHOME CADDRESSI	ROTHER INSTIT	TUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST Housewi:	ION	12h KIND O		SS OR
1	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 13b, COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOWN Baltin	N			13. STREET ADDRESS 1523 Bol	/zip code ton S	treet	21	217
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	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMAN		ADDR				41.
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	OR CONTRIBUTING CAUSE OF DEA	21e PLACE		19 ARM, ETC I	21f LOCATION	V	CITY OR T	DWN	COUNTY		STATE
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	230 BURIAL, CREMATION, REMOVAL ISPECIFOR Cremation	23b DATE 3-20			tv Pro		Catons	ville	. Balt	0.	MD

24 FUNERAL DIRECTOR
NAME
Cremation Society of MD, Baltimore MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X7 MONTH 2h HOUR (TYPE OR PRINT) ESTI S'NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. MITHIN 72 HOURS PRESTON STREET, SHERRY SPRIGGS DEATH MATED 3-10-86 Μ. 4. RACE 3. SEX 5 DATE OF BIRTH A AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HR 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 55 3-10-86 **FEMALE** BL ACK 30 DEAD 8:08B YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY! MARYLAND U. WIDOWED DIVORCED BALTIMORE CITY IO CITY OR TOWN OF DEATH FI NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 2039 E. 32nd Street Baltimore None 13. STREET ADDRESS 2039 E. 32ND STREET WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY HMITS? BALTIMORE MARYL AND NO D BALTIMORE, MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE **ELISHA** SPR IGGS HESTER GRIFFIN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. "Nicholas Yerkovick Baltimore, Md. 21218 (YES, NO, OR UNKNOWN) 216-62-0096 NO Harriet Spriggs 2039 E. 32nd. Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacterial endocarditis with bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate WARDED TO THE CHIEF MEDICAL TO PAGE 3 SHOULD BE USED AS A BURIAL TO STATE DEPARTMENT OF HEALTH AND MENT 21201 PRIOR TO BURIAL, CREMATION, OF cause (a) stating the under-DUE TO, OR AS A CONSPOLIENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? **DIVISION OF VITAL** YES X NOF 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE NOT WHILE STATE PAGE 4 SHOULD BE FORWART
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) Assistant 3 - 11 - 86EXAMINER'S NAME TYPE OR PRINT Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY CITY OR TOWN 3/15/1986 Mount Auburn Cemetery Baltimore, Burial Maryland 07/84 25M 24 FUNETAL PRECIOR Sons Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

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3 3		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY			
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

3/24/86

WEstern Star Cemetery Baltimore,

Md STATE

BURIAL

24 FUNERAL DIRECTOR
NAME

FIN March Funeral Homes 1101 East North Avenue

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

05481-	FOR - STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6 O	8093
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t (TYPE	Dori	s 5.	Stanley	March 15, 1986	4:50P.
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	F.	NEGRO	MONTH DAY YEAR 32	53 YRS.	ONTHS DAYS HOURS MIN.
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F. A.	210. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DAY	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)				

DHMH - 16 60M 7/B4 (VRA 15, 4)

Katherine Langenfelder, M.D.

TH PHYSICIAN'S NAME OF DEFEND

230 BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OF CREMATORY

DEGREE

22e ADDRESS

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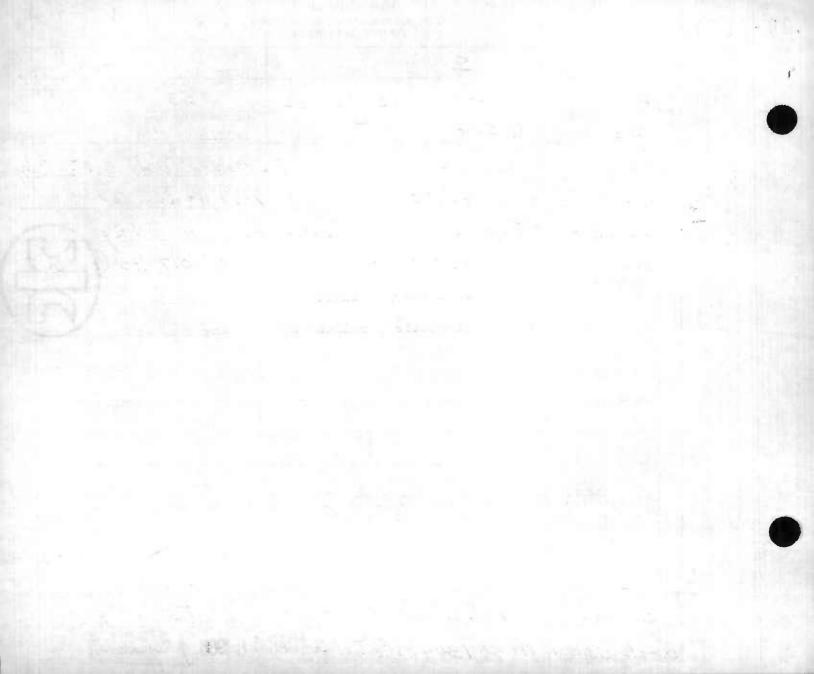
c/o Maryland General Hospital

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

22¢ DATE SIGNED

3/15/86



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DHMH - 16 60M 7/84 (VRA 15, 4)

JOSEPH L. Ruge 2222 Cd. North Ave

4-1-86 ARBUTUS MEMPL BAYETS CS. MA 230 DATE RECD BY REGISTRAR 250 REGISTRAR SIGNATURE

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	orth. Percel di 72 hou	24	C	THPLACE (STATE OR FO	REIGN 7b.	U.S.A.		MARRIE	D NEVER MARRIE		Baltimore CITY Baltimo:	_		
6	by the funitied within	-	10 CIT	ryland Y OR TOWN OF DEAT ltimore	н 11	. NAME OF H	OSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	N 1	TYPE OF WORK FOR MOS	ATION IT OF WORKING LI	12b. KIND C INDUSTRY	Industry
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IMORE, I	n ond con Poges	1	16a W	AS DECEASED EVER IN	U.S. ARME			SECURITY NO. 6-5344	Philip J	. Sta		857 -Balto	Mildre	d Avenue 21222
S, 201 W. PRESTON ST., BAL	uires that the death certificate grad by the attending physical properties are now carbon paper burial, cremation, or removal.		7	2 Conditions, if ony, gove rise to imme couse to, stoffing underlying couse	S CAUSED I MMEDIATE (which edipte the lost	BY: CAUSE (D) DUE TO, OR (b) DUE TO, OR (c)	AS A CONS	SEQUENCE OF	NOT RELATED TO TH	www.	Aldisease or co	DINDITION GR		JAATE INTERVAL ONSET AND DEATH
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IVISIO	ING PHY r offendi After this os the bu lith and M		MEI	WHILE NOT WHILE				OFFICE, FARM, ETC.)	STREET	126	CITY OF	TOWN	COUNTY	STATE
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	At OR the hold betached betached Tr. If the Tr.			776 SIGNATURE	real	Sh	-		DEGREE ATTEND PHYSIC	DING EIAN []	MEDICAL S DIRECTOR PHY	TAFF	222 BATE	TIGHED 86
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	DHMH - 16 50M 1/8 (VRA 15, 4)		24 FU	INERAL DIRECTOR DI		ck, In	C.	Maryland		75a. DATA				Jurkandets-

0.00135 3/3/86 75 Audio E Student F 19. 62 19. 6 MACHINE FEEL MICHELL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 26 HOUR DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR FUNDER 24 HRS MONTH DAY YEAR HITE 2 05 027 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 4 of Baltimore WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR None None INDUSTRY Pasadena, Md. 21122 1136 INSIDE CITY LIMITS? 136 STREET ADDRESS /

aryland	VA.A.Co.	Pasadena	YES NOTE	1405 WOO	Tland Beach Rd.
FATHER'S NAME FIRST Thoma	s J.	Steinhice	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Viola
WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	217-09-6430	Henry Stei	ADDRE nhice, Same	
18 CAUSE OF DEATH W PART I. DEATH PA	DUE TO, O which (b) mediate g the DUE TO O	PLAS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGN O CALM 19a DATE OF OPERAT	etes Sp.	ONTRIBUTING TO DEATH BUT AKA C VI ITION FOR WHICH OPERATIO	7, recurr		
21a ACCIDENT WAS UND		OF INJURY .M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC.)

21f LOCATION STREET

CITY OR TOWN

COUNTY STATE

(this hospital) ottended the deceased from 220.1 certify that (mor 30 and that in my aur) apinian death accurred on the date and hour and from the couses stated did not) view the bady after deoth DEGREE THE DATE SIGNED

72d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL Burial

FOR

REGISTRAR

Monda

I STATE OR FOREIGN

DECEASED NAME

- STATE

(TYPE OR PRINT)

To BIRTHPLACE

aryland

CITY OR TOWN OF DEATH

Baltimore

3 SEX

23b DATE 4-2-1986 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

Balto.A.A.Co Maryland

Holy Cross Cemeter 24 FUNERAL DIRECTOR Balto.Md.21230 Funeral Home, 130 "Fort Ave.

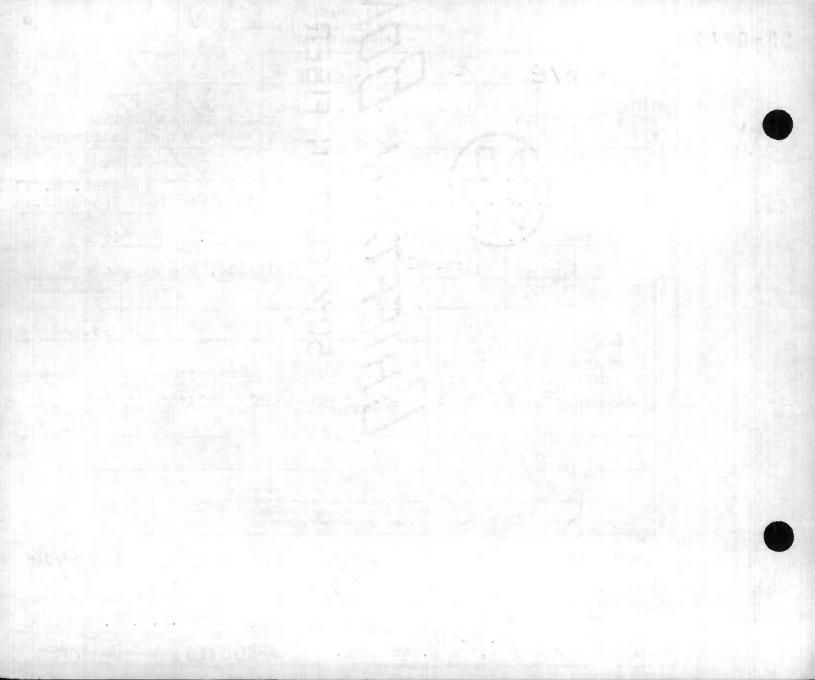
APRO3 1986

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Felia Devidson- Mandate

DHMH - 16 60M 7/84 (VRA 15, 4)

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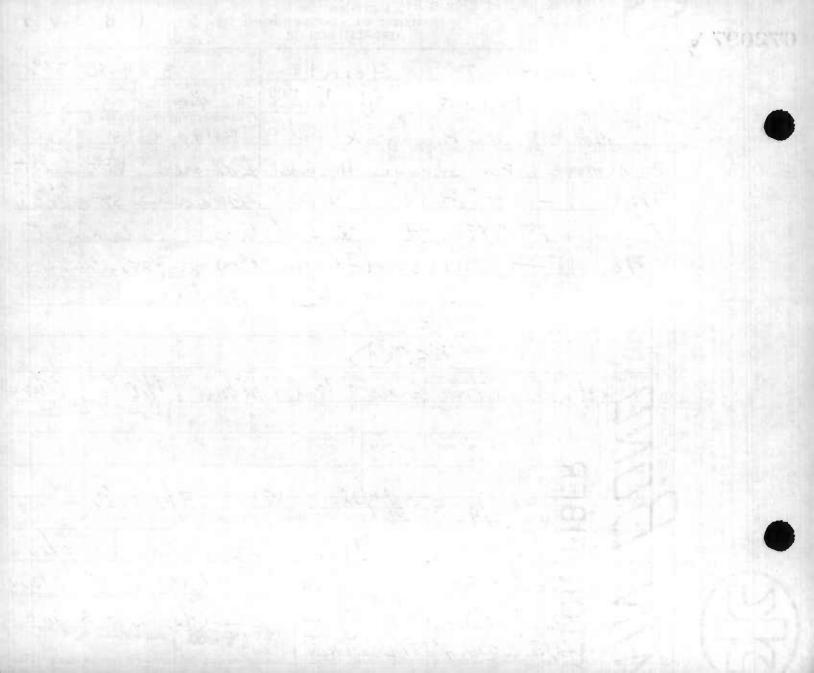
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	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH AFTER DEATH BALTIMORE,	-	EXAMINER'S NAMI (TYPE OR PRINT)	Ann	M. Dixon	M.D	•		ADDRESS 111 I	Penn S	St., Ba	Ito.,	MD 2	21201	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.Bl	IRIAL, CREMATION,	REMOVAL 2	36. DATE	23c N	IAME OF CE	METERY O	R CREMATORY	23d. LOC	TATION				
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	1	item # 5&6 cor	rected film G-61	3 STATE OF MARYLAND		45 45 45
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, m= 7		CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH	- 16
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ar, p	3. SE	no /	4 RACE	5. DATE OF BIRTH 046 1808	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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No other confin			DUE TO, OR AS A COVERNOU	ENFERPTI	V	
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Bon ow	CERTIFICATION	THE DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206.	IF YES, WERE FINDINGS USED
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NECESSARY, PLEASE FUNERAL DIRECTOR. 5. FOR YOUR FILES. WITHIN 72 HOURS W PRESTON STREET,	10	M	D	USA			WIDOW		DIVORC		ltimo	ce Ci	+32			440		
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EXAMINER: CERTIFICATION CONTROL CONTRO		death resulte	d fram: Natu	ral causes 🛂,	Accident	Sui	cide	. Hamici	de .	Undeter	mined mon	ner []						
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CAL EXA THE CER SHOULD ERAL DIR SATH, WI		ACTUAL	VIDUL	rte In	24	nell		ASS1S	stant				DATE		3-9	-86		
MEDICAL EXAMINI ECUTE THE CERTIFIC GE 4 SHOULD BE FO FUNERAL DIRECT THE DEATH, WITH THE LITHWORE, MARYLAN		SIGNATURE_	use 7		0		M	.D		MEDIC	AL EXAMIN	IER	SIGNED					
955 %		EXAMINER'S IN	NAME	Margarita	2 7	Korell	MD		111	Perin	Stree	t.						
TO AME EXECUTOR PAGE AFFERUTA																		
FOSEAS	23e B	URIAL, CREMAT	ION, REMOVAL	23b DATE		NAME OF CEN			RY	23d. LOC Ow 1	ATION		(PUN	YT a	MD	TE		
07/84 BP		Burial		3/12/86	Ga	rrison	rore	st VA		UWI	ngs		Mĭ™					
25M DHMH - 17		UNERAL DIRECT		ADDRESS				2	So. DATE P	REC'D. BY R	EGISTRAR	256 REGI	STRAR'S SI	GNATUR	de 82			
(VR A15 ME (5))	Wr	m. C. Ma	arch F/H	1101 E.	Nort	h Ave.			MAR		1986	juan	Davidon	and a		1		
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DHMH - 16 60M 7/84 (VRA 15, 4)

ARRING FUNERAL HOME, PA, ASERDEEN, WD 21001

APR 02 1986

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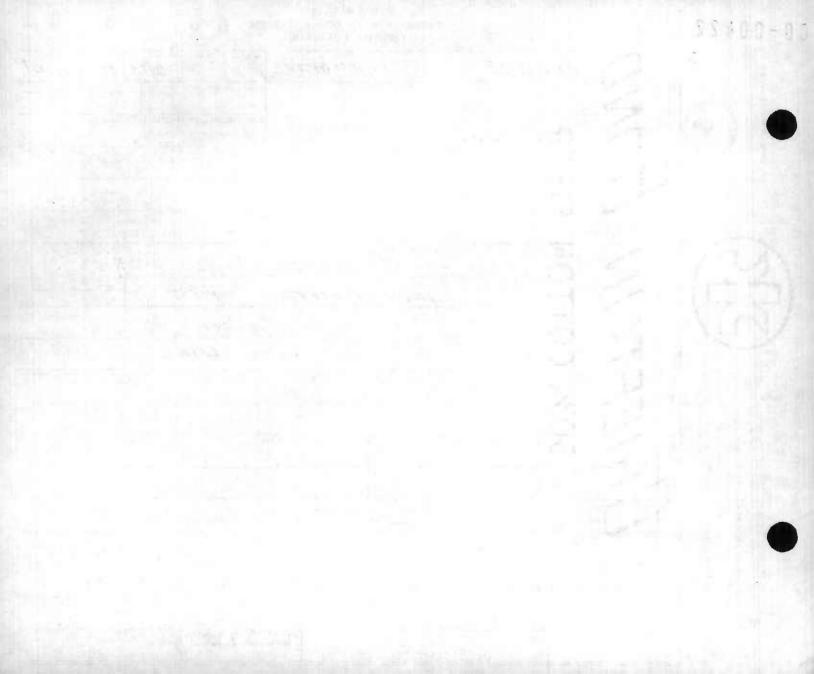
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
INDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be
A After this certificate has been signed by the ottending physician and completely fulled in by the furtification page 3 use as the buriol-transit permit. Then please remove carbon papers. Pages 7 and 2 should be filed.

-00422	1.	FOR STATE REGISTRAR		DEPARTM	LENT OF H	E OF MARYLAND BALTH AND MENTAL HYG ICATE OF DEATH	SIENE 3 6	08102
noy be poge 3		CEASED NAME FIRST	AUDE	MIDDLE E.		JEW ART-BE	20 DATE OF DEATH MONT	3/15/86 20 HOUR F
ge 4 moy	3. SE	x Male	4 RACE B	lack	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS
Geoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.:	S.A.	WIDOWE		BALTIMORE CITY OR CO	
by 11 filed in the		BALTIMORE	LUTH	ERAN HOSPI	TAL	dr other institution	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR N/A	176. KIND OF BUSINESS OR INDUSTRY
hin 24 hour ly filled in should be ther faust be	13a M	ARYLAND	LE OR OTHER INSTITUTION	BALTIMO	RE	13d INSIDE CITY LIMITS?		2nd Street 21218
ted with	14 F.	Charles	MIDDLE	Stewart		Mo Tite	MIDDLE	Lassiter
on ond co		WAS DECEASED EVER IN U.S YFS NO OR UNKNOWN) (IF YE	ARMED FORCES 5. GIVE WAR OR DATES]	? 166 SOCIAL SECUI 213-01-4		Annie Noble		NY, NY.10039 th Street Apt.9F
equires that the death ce signed by the attending Then please remove carb to burial, cremation, or raining, or ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO,	OR AS A CONSEQUE	nce of		CANCER C LUNG	
he low reconstruction. hos been if permit in the prior i	CERTIFICATION	198 DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED		O IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
NG PHYSICIAN, The ottending physicio free this certificate has the buriol-transit. In and Mental Hygie hand Mental Hygie syked or Hem 18 sho	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFE THE ROTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	FDEATH HOUR	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY, OFFICE FA	19	21t HOW INJURY OCCURI 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN II)	TEM 18 PART I OR PART 2) COUNTY STATE
HOSPITAL OR ATTENDIA ined by the hospital or FUNERAL DIRECTOR A uld be detoched for use in the State Dept of Heal ORTANT: If them 21 is mus		270. I certify that (I) (this has the deceased alivabove, (I) (we) (did) (di 270. SIGNATURE 270. PHYSICIAN'S NAME (1) LE DUCH	on donot) view the boo	dy ofter death.	m	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	
BP		BURIAL, CREMATION, REMO (SPECIFY) BURIAL UNERAL DIRECTOR	VAL 236 DATE	23c. N		EMETERY OR CREMATORY Zion Cemetery	23d LOCATION CITY OF TOWN Lansdowne,	COUNTY Md. STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

March FUneral Homes 1101 East North Avenue



	TPI Z		FOR			EPARTMEN		MARYLAND H AND MENTAL	HYGIENE	0	0	1 0	- 2
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	PLEAS PECTON POUR STREET	3. SEX	(4. RACE	5 DATE OF BIRTH	6 A	GE (IN YEARS IF L	JNDER 1 YR. IF UNDE		J.M.		DAY YEAR	19:19 UR
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-	ANT AND	7a BI	RTHPLACE (S	ATE OR	76. CITIZEN OF WH		- 12	RRIED X NEVER MAR	RIED 9 BALTIMOR	E CITY OR C	OUNTY		
	DAS EST		aryland	1	USA			WED DIVOR		imore	City	,	MD.
*	SERE S	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			THER INSTITUTION	12a. USUAL OCCUPAT		WORK 12b	OR INDUSTI	ISINESS RY
(he	28 P P P P		Balti	more		ttingha			Truck Dri	ver	I	ce Cre	am Co
1	過過5	13a. S		13b. COUN	OR OTHER INSTITUTION, GIV	13c. CITY OR T Baltim	OWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ngham	Rd.,	21229	
E. MD	STATE OF STA	14. FA	ATHER'S NAME FIRST Anthon		MIDDLE J.	Stil	ling	15. MOTHER'S MAIL FIRST Theresa	DEN NAME MIDD	LE .	S	elinsk	v
MOR	### X		VAS DECEASE	DEVER IN U.S. ARA	MED FORCES?		ECURITY NO.	17. INFORMANT		ADDRESS	-191		7
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4	WHY PA				ly one couse per line	far (o), (b), and	(c).)				T	APPROXIMATE BETWEEN ONSE	E INTERVAL
Z S	ERW AL		PARTIDE	ATH WAS CAUSED IMMEDIAT	D BY: TE CAUSE (0)A	rterios	cleroti	c Cardiovas	scular Disea	se			
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DIVISION OF VITAL RECORDS, 201 W.	HOULD BE EXECUTED WITHIN THE RED "FENDING" IN PENCIL INTER ALCO "HIEF ABOLICAL EXAMINER ALCO USED AS A BURIAL-TRANSIT RED OF HEALTH AND MENTAL HYGHE RIAL, CREMATION, OR REMUNAL		lying cou	stating the <u>under-</u> se last.	DUE TO, OR	AS A CONSEQ	JENCE OF						
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OR	SA E	Z							AKI 1 (0),				
REC	HEA AME	ATIC	190 DATE OF	OPERATION	uctive Pu	INDICAT V	HOPERATION	WAS PERFORMED?			7	20 AUTOPSY	2
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OF V	R: THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PE WANARDED TO THE CHIEF A R: PACE 3 SHOULD BE USED. E. STATE DEPARTMENT OF HE D, 21201 PRICK TO BURIAL, ()	CER		L CAUSE WAS	21b. TIME OF HOUR A.M	INJURY MONTH DAY	YEAR 21c	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		TK.
NO	SE S	CAL		OR NG CAUSE OF I	DEATH P.M.		19						
NS IN	OEP DEP	MEDICAL	21d INJURY C	NOT WHILE	STREET FACT	OF INJURY (AT ORY, FARM, ETC.)	HOME, 211. L	OCATION STREET	CITY OR TOWN		COUNTY	,	STATE
۵	WR WARI PAGE 2120		AT WORK	NOT WHILE C	7								
	L EXAMINER: THI E CERTIFICATE, W OULD BE FORWA LI DIRECTOR: PAC H, WITH THE STA H, WARYLAND, 212		22a. I certi	y that I took charg	e af the remains desc	ribed obove, h	eld on Auto	apsy , Inspecti	an X. Inquiry	, and in	my apinio	an	
	BE I	34	death result	ed fram: Natur	al causes 🔏 ,	Accident	Suicide L	, Hamicide	Undetermined monn	er,			
	CEXAM CERTIF CULD BE DIREC , WITH MARYL		ACTUAL		M	N		TITLE (SPECIFY)		r	DATE	0.100.1	
	SHE SHE		SIGNATURE.		X 16	/ '		M.D. Assista	ant medical examin	ER S	SIGNED_	3/28/	86
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, A BALTIMORE, M		EXAMINER'S (TYPE OR PRI	ντ)G	regory R.				lll Penn	St.			
	E05549	(5	PECIFY)	TION, REMOVAL 2				OR CREMATORY	236. LOCATION CITY OR TOWN		COUNTY	Maryl	ATE
07/84 25M	BP		Intombm		4/1/86	Loud	on Park	Mausoleum 1250 DATE	Baltimore REC'D. BY REGISTRAR		AR'S SIGN		and
	DHMH - 17 (VR A15 ME (5))	-	NAME		ADDRESS Inc.	. 4107	Wi 1 12 12		AR 3 1 1986	8 1 0		_/phydels	En.

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STATE OF MARYLAND

28	g -	FOR STATE REGISTRAR		3. 6			EALTH AND MENTAL HYG ICATE OF DEATH	F	SEG, NO.	0	8	0 .			
		CEASED NAME FIRST OEN		MIDDLE		57	RAATSMA	20. DATE OF DE	O 3	2/	86	10.45 A			
	3. SE.	* MALE	4 RACE WY	IITE	5.	DATE O		6 AGE (IN YEARS	YEARS	MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.			
Delifted at office	<i>H</i> c	IRTHPLACE ISTATE OFF FOREIGN COUNTRY) 11 Land ITY OR TOWN OF DEATH Baltimore		HOSPITAL, NI	URSING I	HOME O	R OTHER INSTITUTION	Baltimore Baltim 120 USUAL OCC 11YPE OF WORK FOR Manage	ore Cit	12 NG LIFE) IN	L KIND O	MC FBUSINESS OR ing Firn			
A SA	130. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COL	DR OTHER INSTITUTION	136 CITY OR Balts	NWOT	1	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6401 Loch Raven Blvd. 2123							
empuning	14 FA	ATHER'S NAME FIRST	MIDDIE	LAS	51		15 MOTHER'S MAIDEN NA/	AME MIDDLE LAST							
e medicole		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	16h SOCIAL			Shirley S. Ho				nbersburg, PA				
jury, or ather tro	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(Ic)	R AS A CONS			NOT RELATED TO THE TERM	INAL DISEASE O	r condition	GIVEN IN	I PART 100				
lui kuo swo	LIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR W	/HICH OF	PERATIO	N WAS PERFORMED	200 AUTOPS		YES, WEI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)				
Hem 18 sh	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.	M. MONTH	H DAY	YEAR 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM	A 1B PART 1 C	OR PART 2)				
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, O	OFFICE, FARM	A, ETC)	211 LOCATION STREET	CI	TY OR TOWN	c	OUNIA	STATE			
T. If Hem 21 is m		220 I certify that (II (this has saw the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	n ot) view the body		19		d that in (my) (aur) apinion of	, to, that (I) in death accurred on the date and hour and from the causes started in the course started in the course started in the course started in the causes started in the course started in the causes started in the causes started in the cause star							
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<u> </u>		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE	86			emetery or crematory od Cemeteru	23d LOCATIO		rou Md.	NTY	STATE			
1 7/84 1)		UNERAL DIRECTOR NAME Leonard J. Ruc		ADD	RESS		Rd.	E REC'D. BY REGI				URE madelle			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND

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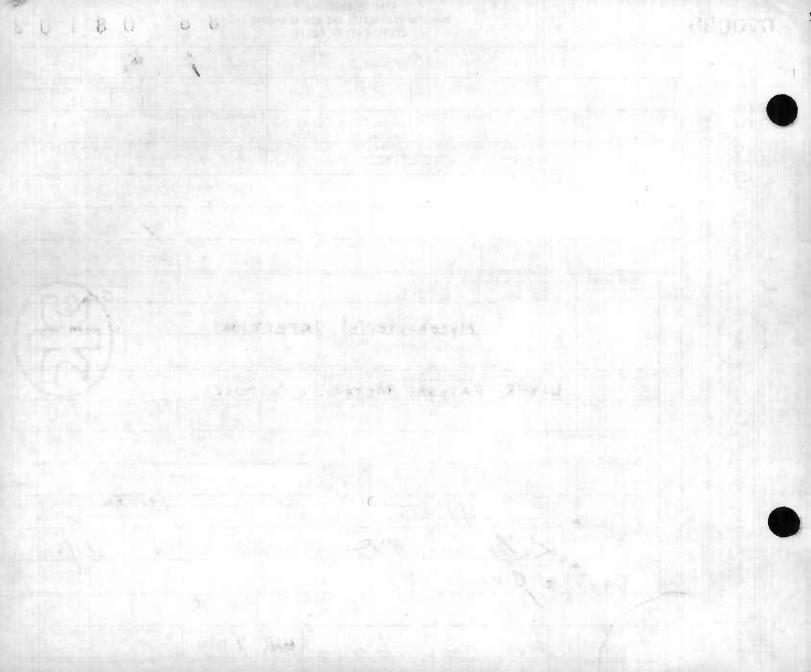
15.29	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3 5	0810
death		OR PRINT) STRANG	E BABY	GIRL		3 15 86 940 M
rs ofter d	3. SEX	FEMALE "	BLACK	5 DATE OF BIRTH MONTH DAY YEAR 15	6 AGE (IN YEARS LAST BIRTH	DAY) FUNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
n 72 hau		RTHPLACE (STATE OR FOREIGN 71)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR	COUNTY OF DEATH
Confied	10. CI	Baltimore	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120 USUAL OCCUPATIO	
26	13a S	AL RESIDENCE OF NUMBER OF COUNT	THER INSTITUTION GIVE RE IDENCE BEFOR		13e STREET ADDRESS /	
100	14. FA	Aryland Balt THER'SNAME FIRST MI	IDDLE LAST	IS. MOTHER'S MAIDEN		(AST
2		VAS DECEASED EVER IN U.S. ARM (ES NO OR UNKNOWN) (IF YES GIVE	ED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRES	5 STRANGE
hen please remained by the or the please remained by the please rema	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	ORCH = TOX	OPLASMOSIS, KUK	RMINAL DISEASE OR COND	YEOSIS TION GIVEN IN PART ITO
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ntol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE I	ARM ETC) 21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
21 к то		22a certify that (I) (this hospital sow the deceased olive on obove, (I) (we) (did) (did not)	19	, 19, ond that in (my) (aur) opini	on death occurred on the dat	. 19, that (I) (we) lost e and hour and Irom the couses stated
ote Dept JT: If Item		226. SIGNATURE anth	ony stritt	DEGREE ATTENDING PHYSICIAN		
should be de with the Stat		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		
5 3 3	230 B	URIAL, CREMATION REMOVAL SPECHY) REMOVAL	3-20-86 23c 1	NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY STATE
	24 FL	INERAL DIRECTOR		25a C	DATE REC'D. BY REGISTRAR 2	E REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

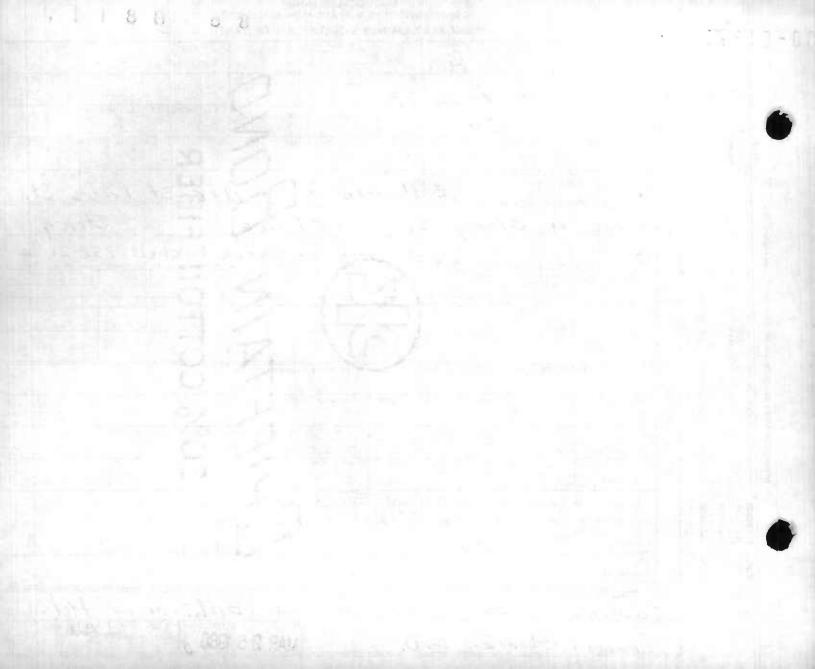
Balto., Md. MAR 27 1986 Julis Davidson Royales

STATE OF MARYLAND



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-	SSA MAN	To. BI	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COU	VTRY?	MARRIED NEVER	9 BAL	TIMORE CITY OR CO		1-1-4/1
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(139	1	YOR TOWN OF DEATH 1timore	II. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: Provident Ho	STREET ADDRESS)	OR OTHER INSTITUTION		CUPATION (TYPE OF WO	OR INDUST	
21201	AND THE PROPERTY OF THE PROPER	13a. S	10.	OTHER INSTITUTION, GIVE RESIDENCE 134. CLT	E BEFORE ADMISSION Y OR, TOWN	13d. INSIDE CITY LIN	13e. STREET AD	DRESS 54. /	PRUL 2	34.
RE. MD.	New State	Vinge	THER'S NAME FIRST OMAS M.	Stong	Sr.	15 MOTHER'S A	ive	MIDDLE	Store	7
MITIMO	IRS AFTER D. GIVE PAGE MITH FORM DIVISION C.	16a V	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W	. 0. 00. 0 . 1001	-58-3	NO. 17 INFORMANT	T .	1 dehell	25E21	R
N ST., R	HOUR EM 18. ING WI ENE. DI	>	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	ane cause per line far (a), (b BY: Seiz CAUSE (a)	o), and (c).) cure dis	order	35		APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
esto	N AEG		Canditions, if any, which	DUE TO, OR AS A CO						
V. PR	WITH NCIL MINGS		gave rise to immediate cause (a) stating the under-	(b) Reac	Injury				0 10 100	
201 V	UTED IN PE EXAN BIAL -	15	lying cause last.	(c)	NSEQUENCE O	W. Carlo			1708	
CORDS	BE DOECH EDICAL EDICAL LITH AN PERMATI	NO	PART 2 OTNER SIGNIFICANT CONDITIONS CO	Narcotism			N IN PART 1 o.			7
TTAL RE	A SHOULD	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERA	TION WAS PERFORMED	?		(HEAD (ONLY)
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NO	CERTIFICATE SHO INTING THE WORD DED TO THE CHE E 3 SHOULD BE US DEPARTMENT OF	MEDICAL	CONTRIBUTING CAUSE OF DE	? P.M. 5-?	-85 19	passenger	in a car	3-		
DIVISION OF VITAL	HIS CER WRITIN WRITIN WARDED AGE 3 S ATE DE	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	- Garanowiii	ETC.)	unknown	CITY O	Bal	timcre, Ma	arylländ
	A HE STATE		22s. I certify that I taak charge			Y Jutopsy A Insp	pectian , Inqu	iry , and in m	ny apinian	
-	EXAMINE CERTIFIC ALD BE R DIRECTO WITH TH		death resulted fram: Natura	I causes . Accident	X, Suic	ide . Hamicide		manner		
	ad the Point T		ACTUAL SIGNATURE	nto beyon	ell	M.DAssista	FY) Antmedical ex	AMINER SI	ATE GNED 3-24-8	16
	TO MEDICA ESECUTE TH PAGE 4 SHO TO FUNERA TO FUNERA PAFTER DEATH	K		Margarita A.				n Street		
07/84	BP BP	230. Bl	DURIAL CREMATION, REMOVAL 231	3-25-86 C	AST V	ETERY OR CREMATORY (CW MCM		timor	e Ma	TATE
2584	DHMH - 17 (VR A15 ME (5))	24 FL	INERAL DIRECTOR NAME INARLES L. G-1	ADDRESS E	. D.	250. C	AR 26 1986	TRAR 1254 REGISTRAF	R'S AIGHT TURE	i
					<u> </u>	1.101/				



STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

GEORGE THOMAS, MD. 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 3/18/86 Holy Rosary Cemetery 24 FUNERAL DIRECTOR George A. Weber & Sons Inc. 705 S. Ann St. 21231

Baltimore County, Maryland 250 DATE REC'D, BY REGISTRAR AS REGISTRAR'S STATURE

1986

IF UNDER 1 YEAR

INDUSTRY

9:32AM

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

Kalwa

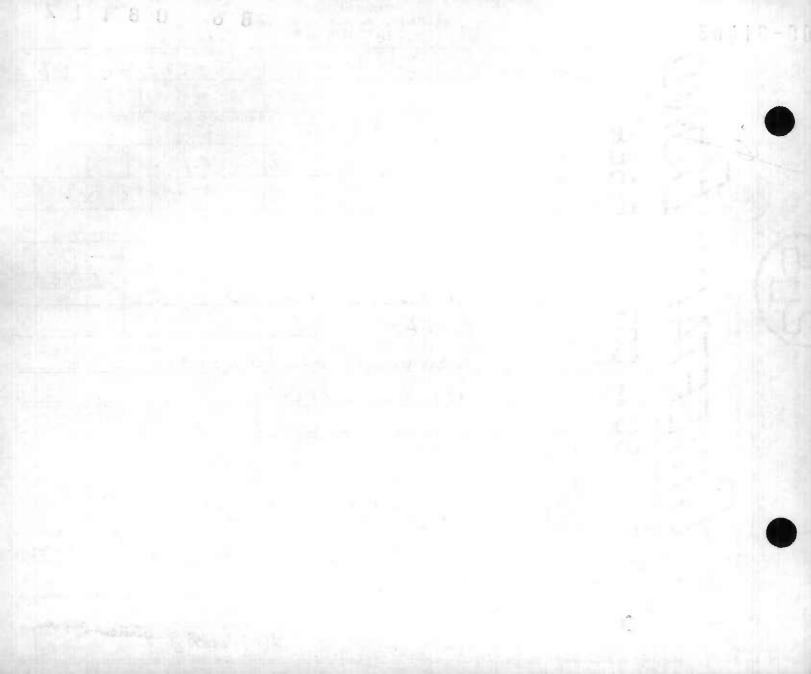
Furniture Mfr.

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COUNTY

THE DATE SIGNED

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			E OR PRINT)					(A:			1	OF OF	KNOWN) ESTI- MATED	(X vo	NTH DAY	YEAR	26 HOUR
	PLEASE CCTOR. FILES. HOURS			Ava		I.			ull					MOM	3-14	1986	1
	STATE	3. SEX			DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS		HOURS		RONOUN	NCED				74 HOU
20	ON SOUTH	All I	ale		Mar. 14,		72 YRS.					DEAD			3-14	1986	a. A
	IS NECESSARY, PLEASE FEUNERAL DIRECTOR. ES FOR YOUR FILES. D. WITHIN 72 HOURS. W PRESTON STREET,	FO	RTHPLACE 15	TATE OR	b. CITIZEN OF WH		RY?	MARRIED	NEVI	ER MARRIE	ED O	BALTIN	ORE CITY	OR CO	DUNTY OF	DEATH	
	S C C C		ryland	1	U.S.A	-		IDOWED		DIVORCE		Balt	imore	e Ci	ty,		ME
	SERES	10. CI	TY OR TOWN	OF DEATH	11 NAME OF HOSE (IF NOT IN SUCH FAC	ILITY, GIVE STR		R OTHER	INSTITUTI	ION	FORM	OST OF WOR	KING LIFE		ORK 12b K	OR INDUST	ISINESS RY
	ANY DELAY IS NE AND 3 TO THE FUI RELED. PAGE 5 HOULD BE FILED.	A	Baltimo	re	Unive	rsity	Hospit	al			Nur	se's	Aide)	H	Health	1
	1 CSE \$ 3 5	13a S	L RESIDENCE	(IF IN NURSING HOME OR	1	13c CITY C		113	d INSIDE CITY	Y LIMITS?	13e STRE	ET ADDRE	SS				
	AND	Ma	ryland	Frede	erick		ederick		YES 🗌	NO X	912	27 Be	thel	Road	d/ 21	701	
	H. H	14. FA	THER'S NAME		MIDDLE	14	CT	15	. MOTHER	R'S MAIDE	NNAME		NODLE			LAST	
			Charl	es	E.	Lin	ton	VO.	Pe	arl			noote		Ki	ntz	
	THE DE LE PAGE	16a. V	AS DECEASE	DEVER IN U.S. ARME	ED FORCES?		AL SECURITY N		INFORM	ANT			91085	S Be	thel	Road	
	JRS AFTER DEA JRS AFTER DEA WITH FORM P WITH FORM P DIVISION OF		NO OR UNKNO	None	9	214	-42-140	3	Berna	ard Wn	n. St	ull,	Fred	leri	ck, M	id. 21	701
	: 5° × F. 0		18 CAUSE O	F DEATH (Enter only	one couse per line	for (o), (b),	ond (c).)									APPROXIMATI	
		7	PARTIDE	ATH WAS CAUSED I	CAUSE (o) M	ultip	le Inju	ries							SE.	TWEET CHOL	T AND DEATH
			810	0		AS A CONS	EQUENCE OF										
	WITHIN 24 H NCIL IN ITEM NCIL IN ITEM NINER ALON IRANSIT PER VITAL HYGIE	-		ns, if ony, which se to immediate	(b)												
	. > - ~ ~ ~ ~		couse (o	stating the under-		AS A CONS	EOUENCE OF										
	EXA EXA SIAL ON,		lying cau	ise idst.	(c)												
	MECONDS, TO BE EXECT MEDICAL AS A BUR MEALTH ANI CREMATION COMMAND C		PART 2 OTHER ST	GNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATE	D TO THE TERMINA	OISEASE OF	CONDITION	GIVEN IN PAR	T I iai.						
	S A S A S A S A S A S A S A S A S A S A	S S															
	34.703.77	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ON FOR W	HICH OPERAT	ON WAS	PERFORM	AED?					20	AUTOPSY	?
	S CERTIFICATE SHOUL RITING THE WORD." ROED TO THE CHIEF AS 3 SHOULD BE USE EDEARTMENT OF H	Ě			3 3 3 3											YES 🗌	ХХои
	O PENE	H	21a EXTERNA	L CAUSE WAS	21b. TIME OF HOUR TOX		DAY YEAR	21c HOW	/ INJURY C	OCCURRED	DIENTERN	ATURE OF IN	JURY IN ITEM	18 PART I	OR PART 2)		
	SHOOF S	3	CONTRIBUTI	NG CAUSE OF DE			3 19 86	driv	er ir	n auto	o/aut	to in	pact				
	SI S	ā	21d INJURY C	OCCURRED	21e PLACE O	F INJURY	(AT HOME,	III. LOCA	TION			CITY OR TO					
	MINER: THIS CERTIFICATE SHOULD BE EXECUTED WIFE CATE, WRITING THE WORD "FENDING". IN PENEL CHIEF MEDICAL EXAMISCTOR: PAGE 3 SHOULD BE USED AS A BURIAL-THE THE STATE DEPARTMENTS OF HEALTH AND MEN MAND. 21201 PRIOR TO BURIAL, CREMATION, OF	2	AT WORK	NOT WHILE	roa	-				Avenu	ue,Fr			Fre	deric	ck Co.	., Md
	RE THE THE THE THE THE THE THE THE THE TH			fy that I took charge	of the remaind desc	rihed above	held on	Autopsy		Inspection	Ϋ́Υ	Inquiry		and in a	ny apinian		
	NOT OF S		death result	1	-4/	Accident X			Hamicio		_	rmined me]	iy apınıan		
	EXAM GERTIN DIRECTOR B DIRECTOR AND B WAR		/	1	09-1-	1>	151	1	TIPLE	ec E	Ondere	ritine o mi	Janes				
	A HE OCIO	100	ACTUAL SIGNATURE	Wille	The	unt	2 /11/12) MD	Assis	stant	MEDI	CALEVAA	LINIED	DA	ATE 3	3-15-8	36
	SEE SEE				0	11		<u>v</u> _m.v.		7000	MEDI	CALEXAN	MEK	58	GNED		
	₩ D.W.E.W.A		EXAMINER'S (TYPE OR PRI	NAME Denn:	is F. Smy	th, M	.D.	AD	DRESS_1	lll Pe	enn S	St.,	Balto	D., [Md.	2120	l
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STA BARTIMORE, MARTINAND, 2	230. BU	JRIAL, CREMA	TION, REMOVAL 236	DATE	23c N/	AME OF CEMET			RY	23d LOC	CATION			COUNTY		ATE
07/	B4 BP	13	Bur	ial, /Ma	r. 18, 1	986 M	ount 01	ivet	Ceme	terv	Fre	deri	ck	Fred	derici	T _r M	d.
25A	DHMH - 17	24 FL	Merch	ith, Keene	V & Bast	ord Fr	inera.l	Home	25	DATE RI	EC'D. BY	REGISTRA	R 25b REC	GISTRAF	R'S SIGNA	TURE	
	(VR A15 ME (5))	106	East	Church Str	eet, Fre	deric	Md.	21701	J. J.	ian 2	UIN	地方	ot to . K	AT SAME	Se of the last	A STATE OF THE PARTY OF THE PAR	
													-	_			

FOR STATE

hy the turneral director, page 3

executed within 24 hours

STATE OF MARYLAND												
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN							

REGISTRAR				CENTIL	ICAIL OI DI	MIII		REG. NO).			
DECEASED NAME	FIRST	N	AIDDLE		LAST		2a DATE OF			DAY YEAR	25 HOUR	
TYPE OR PRINT)	JOHN		M.	SURKO)		MARCH	15.	198	6	12:20A	
SEX	4	RACE		5. DATE O			6 AGE (INYE	ARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
MALE	92130	CAUC.		MONT.		1901	85		YRS	MONTHS DAYS	HOURS MIN.	
BIRTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF	WHAT COUN	VTRY? 8	_		9 BALTIMOR	E CITY O		OF DEATH		
RUSSIA		U.S.A		WIDOW	D NEVER M.	DRCED TX	BALTI	MORE	CITY			
CITY OR TOWN OF	DEATH 1		IOSPITAL, N	IURSING HOME			12a USUAL C			125. KIND	OF BUSINESS OR	
AT THORE				STREET ADDRESS)						E) INDUSTRY		
BALTIMORE UP	NURSING HOME OR O	CHURCH THER INSTITUTION					WAITER	a M	AINTC	El Ja è	STASZAK	
I. STATE	13b. COUNT	Υ	13c CITY OF	RIOWN	134 INSIDE CIT	_	13e.STREET A	DDRESS /	ZIP CODE	eem o	Tmv 2122	
FATHER'S NAME			BAL	TIMORE	YES 15 MOTHER'S	40 [USHE	SIR	cer, C.	ITY 2122	
FIRST	MI	DDLE	LAS	ST	FI	RST	AIL	MIDDLE		LA	AST	
UNKNO					+	IKNOWN						
WAS DECEASED E		ED FORCES?		SECURITY NO.	17 INFORMAN	Ť		ADDRE	200	00 ROGO	GE STREE	
No			374-	01-2889	EDWARD	J. SU	RKO -	3	DET	ROIT, N	MICH. 48	
18 CAUSE OF D	EATH (Enter only H WAS CAUSED	one couse per	line for (o), (b), and ic)					100	BETWEEN	XIMATE INTERVAL	
10 M				NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ON FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, V			S, WERE FIND	WERE FINDINGS USED NG CAUSES OF DEATH?	
144					YES 🗌	NO	-	S 🗌	NO 🗆			
210. ACCIDENT WAS	_	21b. TIME OF		H DAY YEAR	21c HOW INJ	JRY OCCUR	RED (ENTERNAT	URE OF INJUR	Y IN ITEM IS	PART I OR PART 2)		
	CAUSE OF DEATH MEDICAL EXAMINER)	P.A		19								
21d INJURY OCC		21e PLACE	OF INJURY	OF INJURY ET. FACTORY, OFFICE FARM, ETC.) 211 LOCATION 51REET				CITY OR TO	COLINITY	COUNTY STATE		
WHILE NO	I WORK	(AT HOME STR	EET, FACTORY, C	OFFICE FARM ETC }	21MEE!			Carronio			JIAIC	
		l) ottended the	deceased	from JANUA	RY 27	19_86	, to MA	RCH	15	198	6that (II (we) last	
sow the dec	eosed olive on	MARCH	15	19_86.0		our) opinion	death accurred	on the do	te and hou			
22h SE VALUE	sow the deceased alive an MARCH 15 19 86 and that in (my) (our) apinion death accurred on the date and hour an above. (I) (we) (did) (did not) yew this body after death.								22c DAT	ESIGNED		
Va	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								2	15.06		
27d PHYSCIAN	S NAME (TYPE OR I	PRINT)			22e ADDRESS						15-86	
UK	100 N	ON. BROADWAY BALTO. MD 21231										
BURIAL, CREMATIO	ON, REMOVAL	23b DATE	1	23c. NAME OF C	EMETERY OR CE		23d LOCA	TION				
(SPECIFY)												
	TTON	3/17	/86	GREEN	TUITON		CITY C	OR TOWN	TTTM	COUNTY	STATE	
FUNERAL DIRECTO	TION	3/17	/86	GREEN	MOUNT	25a. DAT	E REC'D. BY RE	B	LTIMO	RE	MD.	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers, Forgivith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

ENDING PHYSICIAN: The low

etained by the haspital or attending physician.

BP.

injury, ar other traumatic event, the

shaws any

MPORTANT: If them 21 is marked or them 18

Walter Dabrowski - 1005 Dundalk Avenue 21224

. a Davidson-Randell

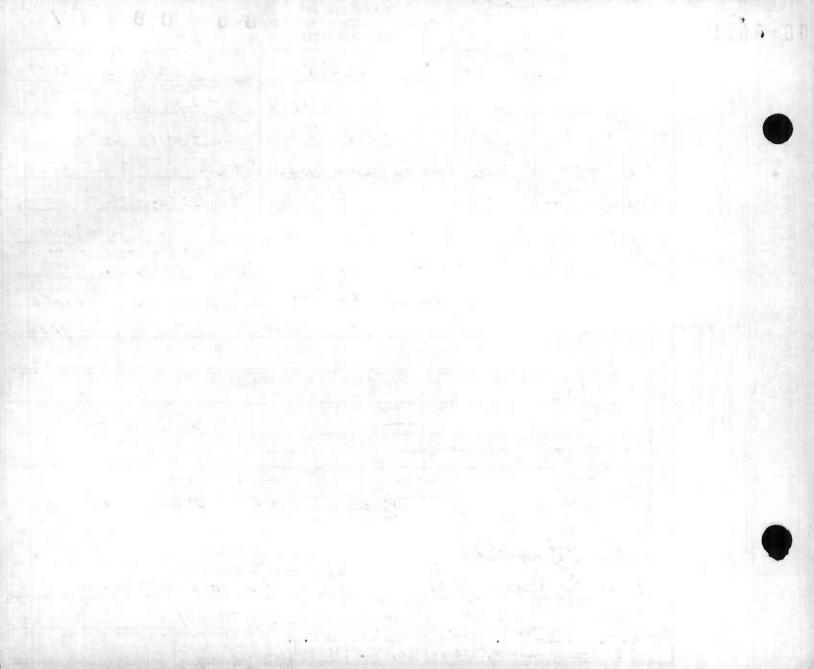
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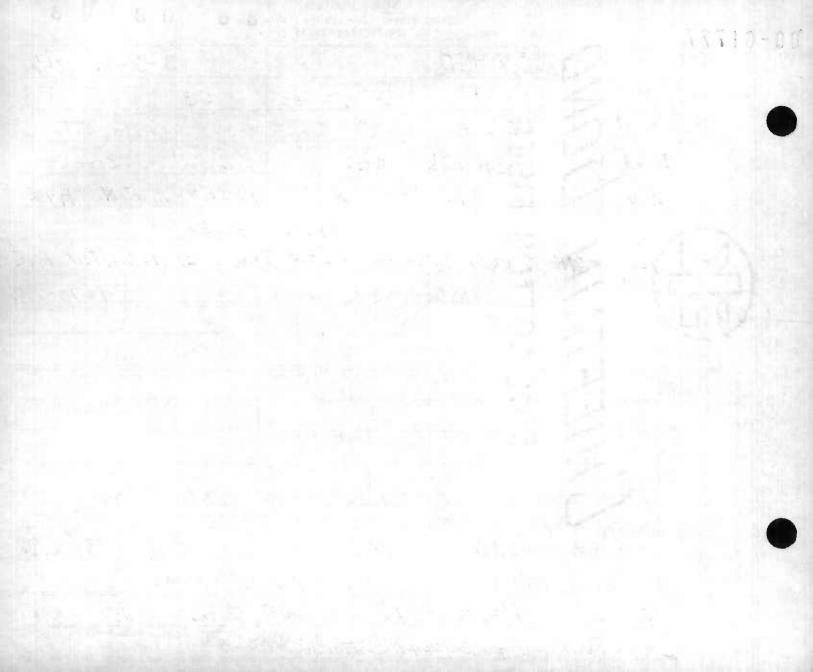
	1							ARYLAND			0	0 1	1 1	
W	1-	FOR STATE REGISTRAR				MENT OF				0	REG.	0 1	1 2	
3	1 01	CEASED NAME	FIRST		MIDDLE		L	AST		20 DAT	E KNOWN		DAY YEAR	2b. HOUR
J	(TY	PE OR PRINT)	Ann		Т		SV	ehla		DEA:	ESTI-	1 3/	7/ 19 86	5 4
1	3 SE	X	I. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UNE	DER 1 YR. IF	F UNDER 24 H		ATE	нгиом	DAY YEAR	
1	F	emale	White	11 10	22	63 YE	MOINT	DAYS	HOURS MIN		AD AD	3/	7/ 1986	3
Į.	Ja. P	IRTHPLACE (STA		76. CITIZEN OF W			8. MARRIE	D & NEVE	R MARRIED	9. BALT	IMORE CIT	Y OR COUN	TY OF DEATH	
71	2	Marylan	ıd	US	A		WIDOWE				altimo	re Ci	ty,	MD.
1	10. C	ITY OR TOWN C	OF DEATH	11. NAME OF HO	SPITAL, NL	JRSING HOME	, OR OTHE	R INSTITUTION	ON 120.	FOR MOST OF		TYPE OF WORK	12b KIND OF B	
~		altimor		4000 G	enarn	n Ave.		1206		Houser			Homema	
5		AL RESIDENCE (IF IN NURSING HOME OF			E BEFORE ADMISSIN		13d INSIDE CITY		STREET ADD		1.2		
	/	Marylan	id			ltimore		YES		4000 G		n Aye.	21206	
	14. F	ATHER'S NAME		WIDDLE		LAST		15. MOTHER'	S MAIDEN N	IAME	WIDDLE		LAST	
	3	Charl		Alfano		ainor		Ber	tha				Knuik	sta
1		WAS DECEASED YES, NO, OR UNKNOV	EVER IN U.S. ARA	AED FORCES?	16b. SO	CIAL SECURITY	YNO.	17. INFORMA	ANT		ADDRE	ESS		- 11-11-
ı		No			21	5-12-71	69	Richa	ard J.	Svehl	a 4000	Gler	narm Ave	. 21206
		18 CAUSE OF	DEATH (Enter onl	y ane cause per lin	e for (a), (b	o), and (c).)							APPROXIMA BETWEEN ON	ATE INTERVAL
		PARTI DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease												77.17.3
58		1	(DUE TO, OR AS A CONSEQUENCE OF											
BURIAL - IRANSII PEKMII. AND MENTAL HYGIENE, D ATION, OR REMOVAL.			Conditions, if ony, which gave rise to immediate (b)											
OF HEALTH AND MENT, URIAL, CREMATION, OR		couse (o) stating the under- DUE TO, OR AS A CONSEQUENCE OF												
5	100	lying couse last.												
		PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
	CERTIFICATION				4-5-									
į.	7 3	190. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPER	ATION WA	AS PERFORM	ED?				29 AUTOPS	Y?
1	一貫												YES 🗌	ио ХХ
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE SHOULD BE FORWARDED TO THE CHIEF. TO THE CHIEF. TO THE DIRECTOR, PAGE 3 SHOULD BE USED AFTER DIRECTOR DIR	210 EXTERNAL	OR			DAY YEAR	21c. HO	W INJURY O	OCCURRED (E	NIER NATURE O	F INJURY IN ITEM	18 PART 1 OR P	ART 2)		
-	CAL	CONTRIBUTIN	G CAUSE OF D			19								*****
100	MEDICAL	21d INJURY O	NOT WHILE		OF INJURY	Y (AT HOME, ETC.)	211. LOC	REET		CITY OR	TOWN	C	OUNTY	STATE
	1	AT WORK	AT WORK											
		22a. I certify	y that I taok charge	e of the remains de	escribed ob	ove, held an	Autopsy	,	Inspection X	Inqu	iry .	ond in my o	pinion	
		deoth resulte		al cruses XX	Accident		cide .	Hamicid		Indetermined].	TO IT	
		VOLUMENT.	7	400				TITLE (SPE				17.00		
		ACTUAL SIGNATURE_	X	81	100	Section 1	M.[(stant	MEDICALEY	AMINER	DATE	3/7/8	36
1	1			1			771,1				CHINER	SIGN		70 - 100
-		TYPE OR PRIN	Grec	gory R. K	Kauffn	nan, M.	D. A	DDRESS	1	lll Per	nn St.			
	23a.E	SURIAL, CREMAT	ION, REMOVAL 23			NAME OF CEA			Y 23	d. LOCATION	7		UNTY	STATE
		Burial		3-10-86	Gé	ardens	of Fa	ith Ce	em.	CITY OR TOWN		altimo		STATE
	24 f	UNERAL DIRECT	TOR	ADDRES	740		HER	7	o. DATE REC'I	D. BY REGIST			SIGNATURE	-
)}	1	SSAHH	Funeral	Home		HLTO. M			AR to	1000	11		And the	
						210		- 110		1909=	Juliu A	CUTTED TO	- Hamping Blas	

0.	-018	17	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 6 0 8 1 1 6
	100			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	2/ 75	1	{TYPI	Frances	В.	Swiger	March 20, 1986
0,	A M		3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	1 25	/		Female	White	Feb. 24, 191	1 75 YRS MONTHS DAYS HOURS MIN.
	Po dir	00		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OF COUNTY OF DEATH
	oth.	150		est Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	D 713 O C
	fun fun	6		ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR
-	ofte of the	\$/	F	Baltinore /	(IF NOT IN SUCH FACILITY, GIVE STREE Francis Sco	tt Hospital	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beth. Steel
120	in by	1	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	
10 2	24 h	すり	13e.	Md. Bal	to.	YN 134. INSIDE CITY LIMITS?	7010 Mornington Rd. 21222
TA	a de la company		14 F	ATHER'S NAME	Danaa	15. MOTHER'S MAIDEN N	
AR	wit plete	1351	1/	lexander	Brown	FIRST	Thorne
m,	com com	0	160.	WAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	ADDRESS
Q.	exec ond	, je 2	100		VE WAR OR DATES) 236-40		e 196 Langley Rd. 21221
¥.	ion be	The state of the s	-			1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
₩ 4	icate	avol		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), o		BETWEEN ONSET AND DEATH
ST.	ertif	eve		IMMEDIA	TE CAUSE (0)	cting cross	
O	orth c	notic			DUE TO, OR AS A CONSEOL		· Concol
ESI	dec dec	rour		Conditions, if any, which	(16) 142ta:	statu Break	Caros
>	के के	her		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF	
-	that d by	or of			(c)		
5, 2	juires signe	2 6	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	red Th	ar to	CERTIFICATION				20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
EC	low s be	o o	S	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
AL	The L cian.	61 73	1 2				YES NO YES NO
>	AN: Th hysicic ficate fronsit	H 8		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
0	SICL og p	0 =/	3	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19	
Ö	PHYSE ending this ce	N P	MEDICAL	21d. INJURY OCCURRED	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 214 LOCATION STREET	CITY OR TOWN COUNTY STATE
ž	of the state	th or	1	AT WORK AT WORK	1.01		
_	ND P	feolines me			ital) attended the deceased from	19.83	, ((((
	R ATTEN hospital	2 4		saw the deceased alive or obave, (I) (we) (did) (did no	ot view the body ofter death.	, and that in (my) (our) opinion	on death accurred on the date and hour and from the couses stated
	0x -E 0x 8	Dept		22b. SIGNATURE	/ 1 ^	DEGREE	22c. DATE SIGNED
	7 5 7 1	55/		Josep With	raing M.U.		MEDICAL STAFF DIRECTOR PHYSICIAN P 3 21 86
	4OSPIT/ ined by	SHT AN		224. PHYSICIAN'S NAME LTYPE	OR PRINT)	220. ADDRESS ESH	che) a - 1
		PORT.		LARRY WA	TERBURY, M.	1) YEUG EN	ISTERN AUE., MALT., NO. 3/224
	0 s 5 4	13	23a.	BURIAL, CREMATION, REMOVA	1 236 DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION
	BP			Burial	3/24/1986	Holly Hill	Baltimore, Md.
	DHMH - 16 50	244 4 490	24 F	UNERAL DIRECTOR	2. – 1	25a D	DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	(VRA 15,		C	onnelly Fune	ral Home of D	undalk MAF	R 2 7 1986 Julia Davidson-Mandalle

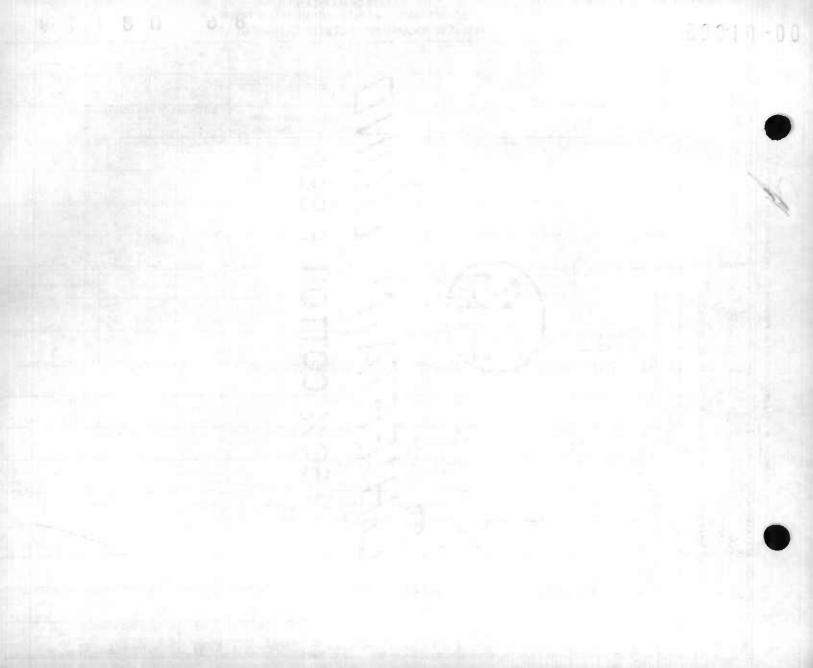
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	1	/		STATE OF MARYLAND	0 1 0 6	
0-00297	1	FØR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE O U E	5 1 1 /
00201	/	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST MA	RGARET MIDDLE R.	LAST CLIVEC	20 DATE OF DEATH MONTH 3	DAT 1 YEAR 6 26 HOUR
3 75	Libra	Marga	LOT R	Sickes	131	1 86 1:22P M
6 61	1 SE		1. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 64	1,00			MONTH 6 DAY 30 YEAR 89	2	MONTHS DAYS HOURS MIN.
8 95		Female	White	06 30 1892	.93 YRS	
4 62 877		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
BE 8/ C	No	orth Carolina	USA	WIDOWED DIVORCED	Baltimore	Ct w
2 T W 3	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUTION	12a LISUAL OCCUPATION	126 KIND OF BUSINESS OF
まる 空が	1	2 11	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	LITYPE OF WORK FOR MOST OF WORKING	UFE) INDUSTRY
24 AC		Ja 1, + Imore	Wands Home	or Church Women	Manager	Boarding Home
24 4		AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS	
11 T		ryland	Baltimor	PESX NO		erick Road 21229
27 1		THER'S NAME	Dace Galleri	15. MOTHER'S MAIDEN NA	ME	BUCK ROUG 21227
troke !	1	Alex	Reid:	Lillian	WIDDLE	(unknown)
7-20c	-					
75 9		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166. SOCIAL SEC	17	4501 Old 1	Frederick Road
10 1		Vo	215-18-0	1660 Shirley Gran	dison Baltimore	MD. 21229
84-4		IS CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the second		PART I. DEATH WAS CAUSE	DBY:	1 1-		
10 E S	100	IMMEDIA	TE CAUSE (o)	nai roci io i		mon. 5
2005		FINE VALUE	DUE TO, OR AS A CONSEOU	ENCE OF HASCUD		10 10
1111		Conditions, if any, which	(b)	773000		10 yrs
2111		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
A STORY		underlying cause last.	(c)	21102 01		
2823	18	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	AINI AL DISEASE OF CONDITION O	IVEN IN PART 1/01
ge de de	Z	1/	CONDITIONS CONTRIBUTION	BEATH BOT NOT KEEPIED TO THE TERM	MINAL DISEASE OR CONDITION G	TIVE IN FART 1(0)
1 0 5	1 8	Nove	Transcription (September 1997)		To war on the last of the	SE MEDE EN ION
0188	13	198. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
20116	J È				YES NO	YES NO
5143	18	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	B. PART I OR PART 2)
1211	¥	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
1111/	18	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
1177	뷫	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
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1113	23a 1	BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

March Funeral Homes 1101 East North Avenue

Diggs Chapel Cemetery Rockingham, So, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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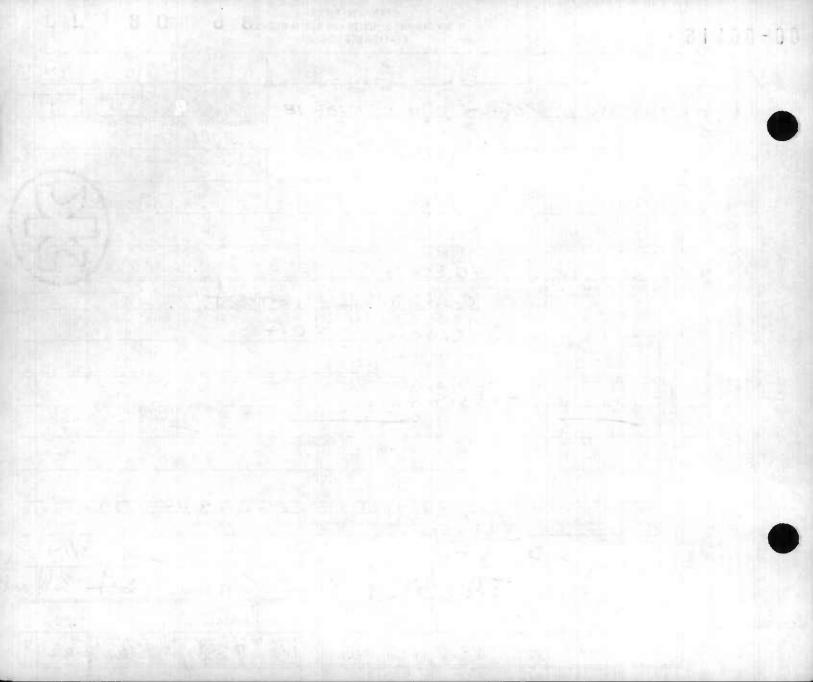
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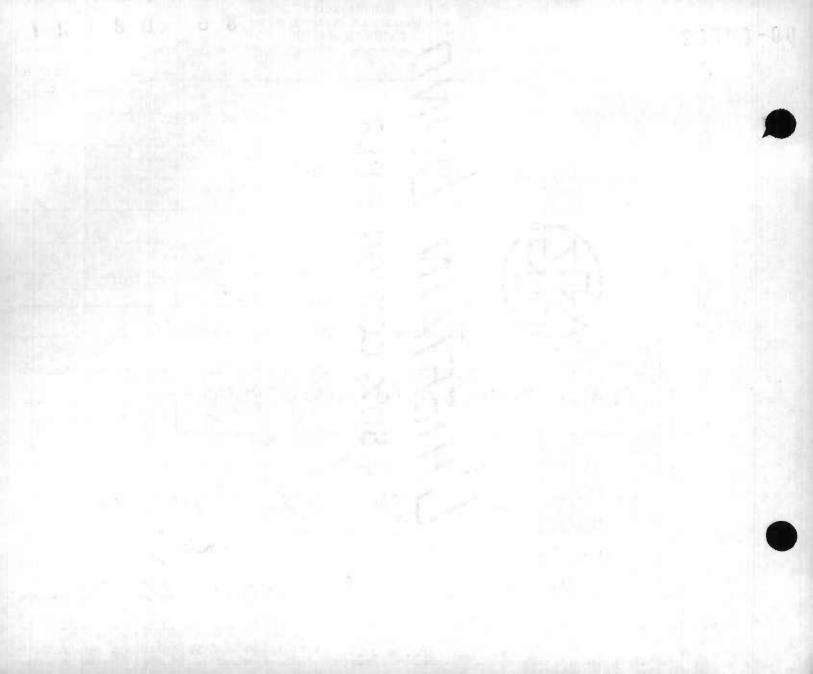
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

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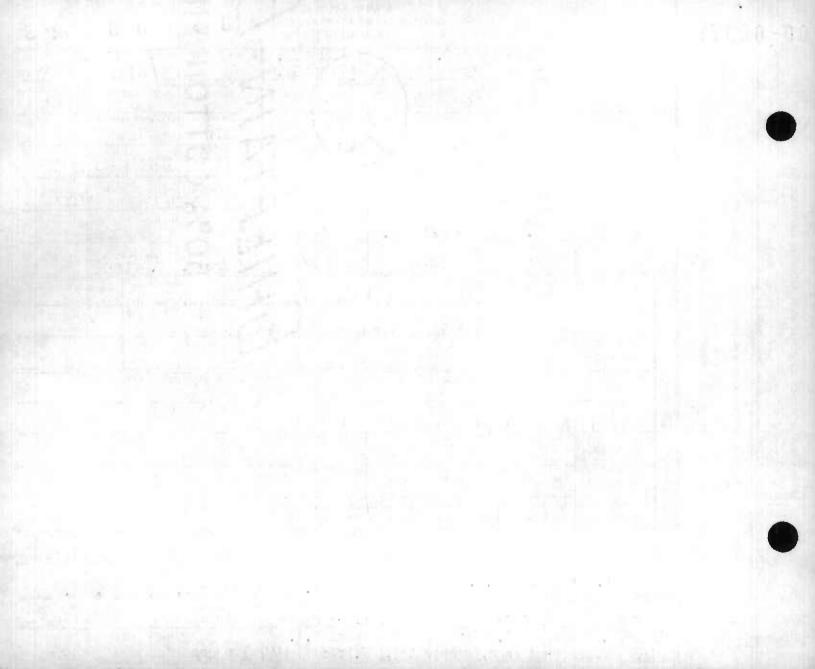
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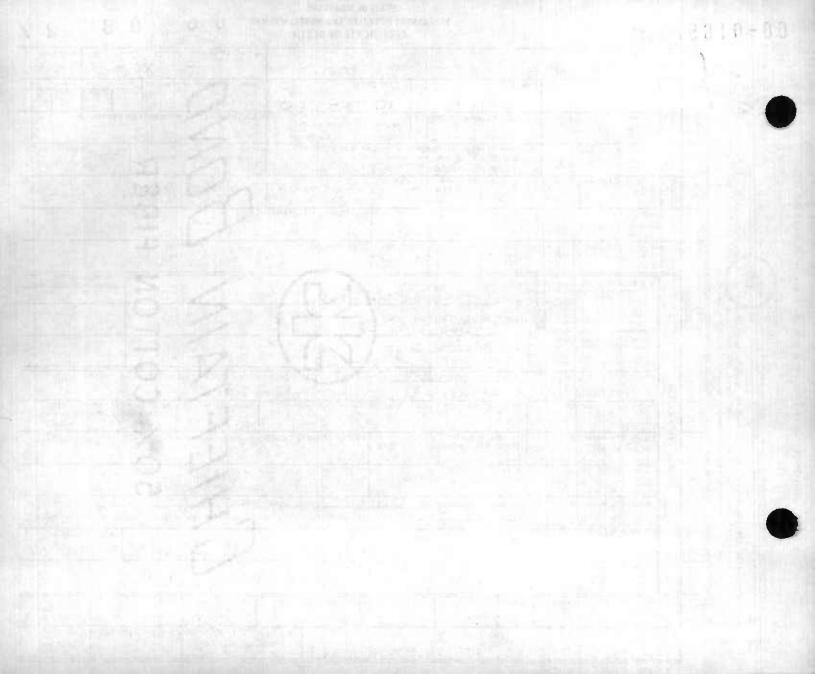
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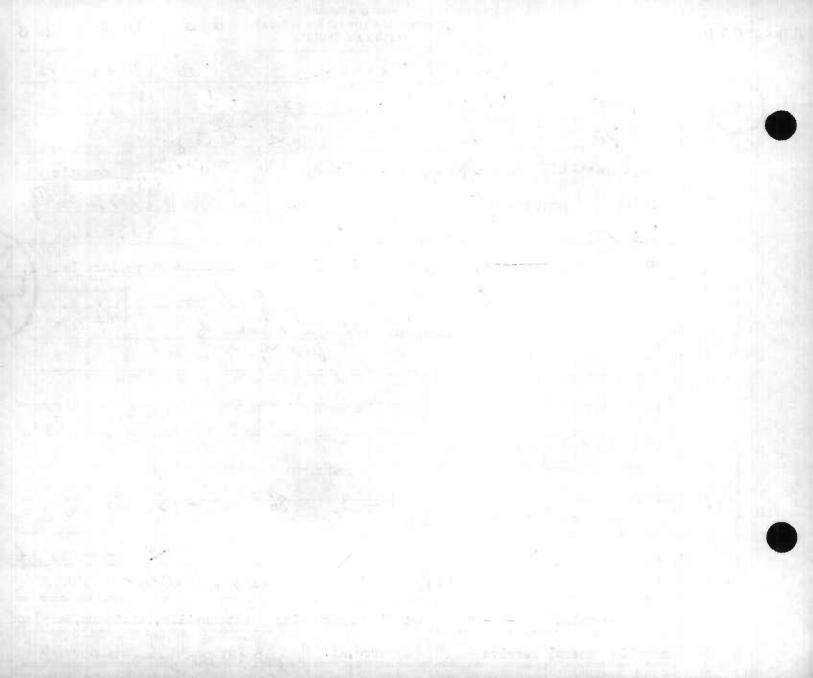
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The country of the co	13a. S	TATE 13b C	ME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	N 13d INSIE	DE CITY LIMITS?	13e STREET ADDRES	SS / ZIP CODE	AVE #	21213
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MORE,		(IF YE	S. ARMED FORCES? S. GIVE WAR OR DATES)		RITY NO. 17 INFO			her St.	21217	Apt.4-H
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	y the hory the hory the hory the horderoche detocheront tote Dep		226 SIGNATURE Learge	m	Bozza	n		MEDICAL STAI	F IAN &	22c. DATE S	SIGNED		
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	BP	23a E	236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY BATTIMORE, COUNTY Md.										
		_	JNERAL DIRECTOR	1/2/0	Da	1 0 11110		E REC'D. BY REGISTRAR		Md	-		
-	DHMH - 16 60M 7/84	M	arch Funeral Ho	mes 110	1 Fact No	nth A	venue 3	1 1086					

065144	1	iln G613 item FOR 3/14/8 - STATE REGISTRAR	6 rja	LS		ARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH		REG. NO			3 0	
ogs 4 may be rector, page 3 nors after death	3. 3	DECEASED NAME PPE OR PRINT) SEX		n H	WWhit	The S DATE MONT	OMAS DF BIRTH H DAY YEAR Z 22	6 AGE	(IN YEARS LAST BIR)	YRS	86 UNDER I YEAR NIHS DAYS	S:20 PM IF UNDER 24 HRS HOURS MIN.	
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	1	Md . FATHER'S NAME FIRST	BALTI		I3c. CITY OR	imore	13d INSIDE CITY LIMITS NO 15 MOTHER'S MAIDEN					-1224	
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ING PHYSICIAN: The law requires that the death cert ratending physician. After this certificate has been signed by the attending is site burial-transit permit. Then please remove carbon the and Mental Hygiene prior to burial, cremation, ar residend or term is a burial.	NOTA		mediate ng the e last NIFICANT CO	DUE TO, OI		EQUENCE OF	NOT RELATED TO THE T		ISEASE OR CONI	DITION GIVE		LEE CO	
IAN: The low physician. rificote has be litransit perm of Hygiene pri m 18 shows of m	CERTIFICATION	21a. ACCIDENT WAS UN		21b. TIME O	F INJURY		21c. HOW INJURY OC	YES	D NOT	YES		NO []	
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TO H TO B Show	23	BURIAL, CREMATION	REMOVAL	236 DATE	und	23c NAME OF	EMETERY OR CREMATO	DRY 234	LOCATION	Rol	LIM	STAIL	
BP	24	Bur:	ial	3-6-	86	Garde	n of Faith	DATE REC'D	Baltimo		Maryl	and	
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	Ruck	Funeral	Home	5305 Ha	rford Road		4 1008	Latin D			

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THE WALL AND BOOK BOOK STORES OF STREET STATE STORES AND ADDRESS OF CHARGES.

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
1. DECEASED NAME FIRST	MIDDLE	- L	AST	20. DATE OF DEATH	NONTH DAY YE	AR 2b HOUR
THORI	UTON	M	ARION		-	36 706 am
1. SEX	4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
F	В	6	15 44	41	YRS.	
TRIHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	Н
N.C.	U.S.A	WIDOWE		Baltin	way Cita	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME C		12a USUAL OCCUPATIO	N 12b. K1	OD OF BUSINESS OR
BALTIMORE	FRANCIS S		EY	TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	STRY
USUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)				
MARYLAND 136 COU		r town TIMORE	13d INSIDE CITY LIMITS?			01001
M FATHER'S NAME	I DALI	IMORE	15. MOTHER'S MAIDEN I		NOW RD.	21206
FIRST	MIDDLE		FIRST	WIDDIE		LAST
ALVIN		HNSON L SECURITY NO.	PEARL 17 INFORMANT	ADDRES		OWELL
	IVE WAR OR DATES)		17 INFORMANT	ADDRES	3	
NO	UNKI	NOWN	HAROLD T	HORNTON 502		ODNOW RD
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	inly one couse per line for (a), ((b), and ici.		,	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	TE CAUSE (a) Lande	opulue	many an	veet	4.0	
	DUE TO, OR AS A CON	SEQUENCE OF	0			
Conditions, if any, which	(16) worta	static	Foreast Co	mar		
gave rise to immediate couse (0), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
underlying cause last.	(c)					
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COND	ITION GIVEN IN PA	RT Ica
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				100		
190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
1	00 0 000000000			YES NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA	RT 2)
OR CONTRIBUTING CAUSE OF DE	AIN	19	22.0			
(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOW	n COUN	ITY STATE
NOT WHILE AT WORK	(AT HOME STREET, PACTORY, C	OFFICE, FARM ETC)				
220.1 certify that (I) (this hasp		Troin	3/10 , 19 8	6 ta 3/24	19.56	, that (I) (we) last
saw the deceased alive or	n 3/24 at) view the body after death.	19 86 , or	nd that in (my) (our) apinio	on death accurred an the dat	e and haur and fram	n the causes stated
22b. SIGNATURE	C. I		DEGREE		22c.	DATE SIGNED
lea	stare LOS		ATTENDING PHYSICIAN			3/24/86
226. PHYSICIAN'S NAME (TYPE	Α.		22e ADDRESS	1 -		
LEA	STERN		4940 Ea	steru Aus Ba	eltimore	HD 21224
230. BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATOR			

DHMH - 16 60M 7/B4 (VRA 15, 4)

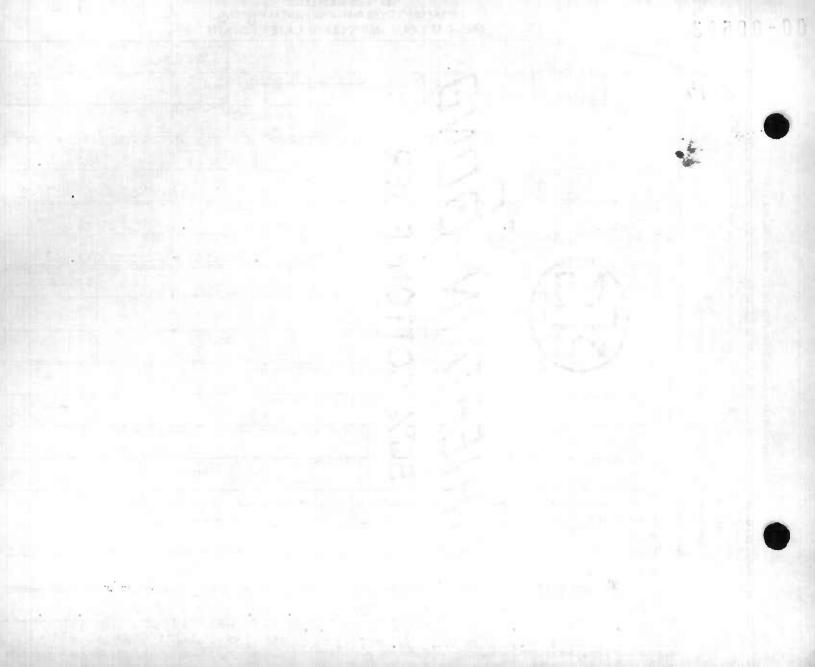
BURTAL 3-27-86

BALTIMORE

24 FUNERAL DIRECTOR
NAME
WM.C.MAROH F/H INC. 1101 E NORTH AVE

BALTIMORE MARYLANI
250. DATE REC'D. BY REGISTRAR'S SIGNATURE
MAR 2 6 1986 Julia Devidor-Andere

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG NO MIDDLE DECEASED NAME KNOWN XX MONTH 20. DATE 2h HOUR DEATH MATED 3-14 10 86 Thorsen Robert 3:39 p. M 6. AGE (IN YEARS 4 RACE DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 19 86 DEAD White May 14, 1927 58 YRS Mare 9 BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE CHATEO MARRIED NEVER MARRIED U.S.A. Illinois DIVORCED Baltimore City WIDOWED B. CITY OR TOWN OF DEATH 11/NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Auditor Auto Co. South Baltimore General Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3907 Spring Meadow Dr. 21043 Ellicott City Howard Maruland YES T NO X 15 MOTHER'S MAIDEN NAME MIDDLE Merbach Gertrude. Thorsen George 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? Beverly A. Thorsen - Same as Sec. 13 WW II 354-12-0619 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX DEPARTMENT CORPORATION TO BUR 21a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21f. LOCATION 214. INJURY OCCURRED LAT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR: PATER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection XX Autopsy 220. I certify that I took charge of the remains described above, held on Hamicide death resulted from Notural causas Undetermined manner TITLE (SPECIFY) 3-15-86 ACTUAL DATE Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE Garrison Forest Vet. Cem. 3-18-1986 Owings Mills Balto. 07/84 ECHOPPAINIFE CORRUSSELL C. Witzke Funeral Homes P.A. 250. DATE REC'D. BY REGISTRAR 25M **DHMH - 17** 5555 Twin Knolls Rd. Columbia. 21045 (VR A15 ME (5))



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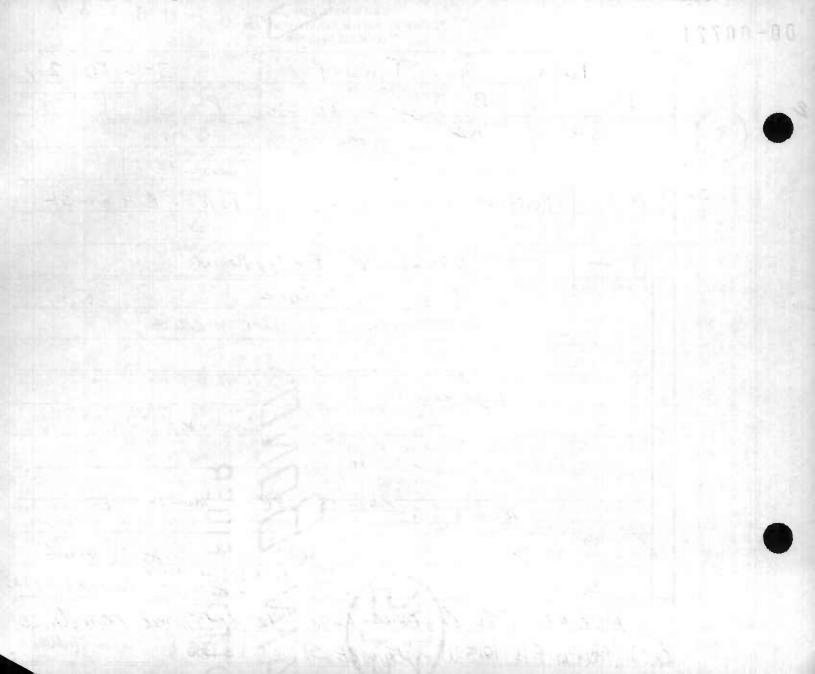
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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oge 4 mc	L	SEX F	4 RACE	5. DATE OF BIRTH MONTH DAY VEAR OZ	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
deoth. P	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) USA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWE DIVORCED	1 (179	MD.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ratending physician. When this certificate has been signed by the ottending physician and completely filled in that burial-transit permit. Then please remove carbon pages. Pages it and 2 should be lift and Memial Hygiera print to burial, cremotian, ar removable. Should be lift and Memial Hygiera print to burial, cremotian, ar removable way injury, are ather traumatic event, the medical way inner prediction.	13	a. STATE of 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13c. CITY OR TOW	YES NO [1010 W. Ba	Himove ST 83
MARYL Med with		FATHER'S NAME FIRST	MIDDLE IAST	15 MOTHER'S MAIDEN N	MIDDLE	IAST
be executed on ond control of secuted control of se	160	(YES, NO OR UNIKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECUL 169. 202	29508 Family	/ Necords	
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he low and the formation of the prior of the	NOITECATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO NO
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DIVISION NG PHYS: Offer this cas the burth and Me orked on the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND or USe or USe or USe of Heal		sow the deceased alive a	not) view the body ofter death.	navch 13 , 19 1	n death occurred on the date and ha	, 19, that (I) (we) lost our and from the causes stated
AL OR ATT the hospiral AL DIRECTO detoched for ste Dept. of		226. SIGNATURE Prod When	dy .	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/db
TO HOSPITAL retained by the should be deto with the State MAPORTANT: H		22d. PHYSICIAN'S NAME (TYPE	uddin	2000	on Secont Hosp W. Balt. St.	Balt. Md 2122
PP	23	BURIAL, CREMATION, REMOVA (SPECIFY) BULIAL		AME OF CEMETERY OR CREMATORY		MACYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)	24	POWN HAMPSON F	F.H. 1913 W. BA	Timole ST. M.	AR 1 9 1986	RAR'S SIGNATURE



		STATE	OF MARYLAND 8	3 8
10	FOR STATE		ALTH AND MENTAL HYGIENS	
066071	REGISTRAR	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH REG. NO.	
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SEL TOP	3. SEX 14. RACE	S DATE OF BIRTH 6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE	MONTH DAY YEAR 24 HOUR
STE	Female White	MONTH DAY YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MIN PRONOUNCED	3 1 19 86 12:45
A SO	70-0-0	Aug. 11,1915 70= YRS.	DEAD	
ESSARY, PLEASE ERAL DIRECTOR. OR YOUR FILES. THOURS PRESTON STREET.	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED 9. BALTIMORE CITY OR	COUNTY OF DEATH
25589	FOREIGN COUNTRY)	U.S.A.	DOWED DIVORCED Baltimore	City MD
745/98 ×	TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR	OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE O	F WORK 126 KIND OF BUSINESS
リログを発生をつん	Paltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY
· · · · · · · · · · · · · · · · · · ·	Baltimore	University Hospital OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	(STU) (DOA) News Director	Radie
S SEEDE E	Us. STATE ISIN COUR	NTY 13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 13e STREET ADDRESS	21122
第一人名称の第一	Md. Ann	e Arundel Pasadena	YES NO K 244 Carvel Rd.	Pasadena Md.
22.3.2. II	M. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAME	LAST
IN SING SING SING SING SING SING SING SI	Nicholas	C. Mathias	Anna Maria	Walter
NA PARIO	160 WAS DECEASED EVER IN U.S. AL			110202
T., BALTIMORE, WINDES AFTER DEATH B. GIVE PAGES 1. S. WITH FORM PM. NIT. PAGES 1 (AND S., DIMISSION OF WAR	37	E WAR OR DATES		
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STC ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	0100	DUE TO, OR AS A CONSEQUENCE OF		
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OR TRING	cause (a) stating the under			
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DIVISION S CERTIFIC RITING TH REDED TO SE 3 SHOUL	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
WAN	AT WORK AT WORK	road [Thompson Ave. & W.B.A. Rd., A	Anne Arundel MD
S	220. I certify that I took char	rge of the remains described above, held on	Autopsy X, Inspection . Inquiry . and	in my apinion
10年10年8月	death resulted from: Nati	urol causes . Accident X. Suicide		
350838	4		TITLE (SPECIFY)	
	ACTUAL SIGNATURE MAC	40	7	DATE 3-2-86
ZES ZES	SIGNATURE	1/0	M.D.ASSISTANT MEDICAL EXAMINER	SIGNED 3-2-80
W C C C C C C C C C C C C C C C C C C C	EXAMINER'S NAME Ann	M. Dixon, M.D.	ADDRESS 111 Penn St., Balto.,	MD 21201
DIVISION OF VITAL RECORDS, 201 W. PRESTON: TO MEDICAL EXAMINES: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE ROWARDED TO THE CHIEF MEDICAL EXAMINER ALON FOR FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PEN AFTER DEATH, WITHIN STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BALTIMORE, MARCHANIC 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(TIPE OR PRINT)		ADDKE33	21401
	230. BURIAL, CREMATION, REMOVAL		CITY OR TOWN	COUNTY STATE
07/84 BP	Burial	3-6-86 Holy Cross	Cem Brooklyn	Anne Arundel Md.
25M DHMH - 17	24. FUNERAL DIRECTOR		250. DATE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VR A15 ME (5))	Mc Cully F.H. 3	204 Mountain Rd. Pasade	65, Md. MAR 5 1986 Mark	Javidson-Randall

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN XI MONTH DAY 2h HOUR (TYPE OR PRINT) DEREK E. Torain DEATH MATED 3-17-8610 4 RACE OLE OF BIRTH 3. SEX & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE PRONOUNCED 22 MALE BLACK 2:55 3-17-86,0 DEAD FUNERAL 5 FOR YC TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED M.D. USA WIDOWED DIVORCED Baltimore City IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 4604 Loch Raven Blvd. Baltimore 21239 13d. INSIDE CITY LIMITS? 13b COUNTY 4604 LOCH RAVEN BLVD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE RAYMOND TORATN T.E.A 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO **ADDRESS** LEA E. 4604 LOCH RAMEN TORAIN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stabwounds of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 12PM 3-17-86 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject stabbed 21e PLACE OF INJURY (ATHOME 21L LOCATION STREET, FACTORY, FARM, ETC. 4605 Loch Raver BTVd° Baltimore, maryland WHILE AT WORK TO AT WORK home PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Hamicide X death resulted fram Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 3-18-86 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) ARBUTUS MEM. PARK 23d. LOCATION M.D. STATE BALTO. 07/B4 25M 24 FUNERAL DIRECTOR 250. DATEREC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** www.doon-panderil (VR A15 ME (5))

HALTON I.D.

ACOL TOOK BANES SEVEN.

THE PERSON WAR TOUR TOWNS

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6	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH		0 8 1 4 1
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merol din		Pennsylvania	U.S.A.	AT COUNTRY? 8. MARRII WIDOW		9 BALTIMORE CITY O	
by the freed with		Baltimore	Francis	PITAL, NURSING HOME LIMY, GIVE STREET ADDRESS) COXX Key M	or other institution edical Center	120 USUAL OCCUPATION	DN 12b. KIND OF BUSINESS O INDUSTRY Shoemaker
filled in	130.	AL RESIDENCE (IF NURSING HOME STATE 136 COI	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES 💢 NO 🗌	13. STREET ADDRESS.	ry Street 21224
ond 2 st	14. F	Orazio	MIDDLE	otaro	15. MOTHER'S MAIDEN NA Fillapa	WE	Bombara
be execu			ARMED FORCES?	SOCIAL SECURITY NO. 212-03-1092	Freda E. To	taro 6824 (c	onley Street 21224
a physicia onpaper emaval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMEDI	only one couse per line SED BY: ATE CAUSE (o)	for (o), (b), and (c).) Re	spiratory Arra	est	BETWEEN ONSET AND DEATH 5 m myker
attending attending ave corb otion, or r		Conditions, if ony, which gove rise to immediate	DUETO, OR AS	A CONSEQUENCE OF	oxic Encapho	alopathy	6days
s that the ed by the slease ren rial, crem		couse (a), stating the underlying couse lost.	(c)	A CONSEQUENCE OF	Pulmoney Edi	ens	6 days
equire n signe Then p rr to bur injury,	NOIL	PART 2 OTHER SIGNIFICANT					
The law in the has been as the permit years proposed shows only shows only the permit th	CERTIFICATION	190 DATE OF OPERATION		n for which operatio		200 AUTOPSY? YES □ NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN ng phys certifico irrial-tro	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
NG PHY offendis free this os the but th and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF IT	NJURY ACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
ATTENDI spitol or CTOR: A for use of Heal	M	22a.1 certify tho (this has sow the deceased alive a above, (1) (we) (did) (did t	Mary.	1 10 86 0	, 17	to Misself death occurred on the do	te and hour and from the causes stated
TAL OR Ay the hory the hory detoched detoched for Dept of the Mr. If Herr		22b. SIGNATURE	prod Ble	an Mry		MEDICAL STAF	FIAN ST
TO HOSPITAL TO FUNERAL Should be det with the Store		Santau S	Chaps 1	ир	GYANCH SLOT	Key Medical	Ctr. Egstern Ave, Belti
BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial	3-12-86		emetery or crematory of Faith	Overlea,	Balto Co. Md. STATE
DHMH-16 30M 2/80 (VRA 15, 4)		uneral director artes S. Zeiler	& Son Inc	. 6224 East	ern Ave. MAD	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

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and a section of the contract very large to the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO					
,	1. DECEASED NAME FIRST	WIDDLE		U	AST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR						
Ì	(TYPE OR PRINT) THELM	A VIRGI	INIA	TO	WNES			3 0	2 86	5		W
1	3 SEX	4 RACE	5	DATE O		6 AGE (IN Y	EARS LAST BIRTH	DAY)	IF UNDER I		UNDER 24 HRS	_
	FEMALE	BLACK		MONTH 5	5 1925	60		YRS.	MONTHS	JATS H	OURS MIN.	
2	7a. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8		X NEVER MARRIED	9 BALTIMO	RE CITY OR		OF DEAT	Н		_
ĺ.	MARYLAND	U. S.	Λ	MARRIE		BALTI	MORE (CITY			M	D
1	10 CITY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL C					USINESS OF	
9	BALTIMORE	3912 GREE			NUE	HOUSE				H	OME	
	USUAL RESIDENCE (IF NURSING HOME O 13a STATE 113b COU		ESIDENCE BEFORE AD	MISSION)	1136 INSIDE CITY LIMITS?	13e.STREET A	DDDESS /	ZIR CODE	3912	GRE	ENSPR I	ΝC
١	MARYLAND		LTIMORE		YES NO	AVE. B	ALTIM	DRE,	MARY	AND	21211	
Ī	14 FATHER'S NAME	MIDDLE	ŁAST		IS MOTHER'S MAIDEN NA	ME	MIDDLE			1455		_
)		ILSON	DORSEY	100	CORA		WIDDLE		PO	OLL I	S	
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b S	SOCIAL SECURIT	YNO.	17 INFORMANT	4000	3912s	SGREE	NSPR:	ING	AVENUE	
	NO NO OKONKOWA) (IF 185, OI		6-22-30	73	WILLIAM TOWNE	S, SR.	BALT	IMORE	. MAF	RYLA	ND 212	11
ì	18 CAUSE OF DEATH Enter of		or (al. b), and (a	_		1	1		_	PROXIMA WEEN ONS	E INTERVAL ET AND DEATH	=
	PART I. DEATH WAS CAUSE	ED BY	rdiol	(25	Diratory	Hrro	st					
		DUE TO, OR AS	CONSEQUENC	CE OF	111	1					DOWN!	7
	Conditions, if any, which	((b)	isser	MIT	Atad (a)	ner				113	30 K	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS	CONSEQUENC	CE OF			No. of Contract of	503				
	underlying cause last.	(c)	BUNG	and	(uncer	-			17			
	PART 2. OTHER SIGNING	CONDITIONS CONTRI	BUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR COND	ITION GIV	EN IN PAR	RT IIa		-
	190 DATE OF FRATION	H										
	Y 190 DATE OF PERATION	196 CONDITION	FOR WHICH OF	PERATION	N WAS PERFORMED	20a AUTO			S, WERE FI			
						YES 🗌	NO		s 🔲		40 🛮	
,	On courte dance C court of the	HOUR A.M.		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY	IN ITEM TO F	ART LOR PAR	11.5}		
	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR		19								
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF IN.		A FIC)	211 LOCATION STREET		CITY OR TOW	Z	COUNT	ly	STATE	
	AT WORK NOT WHILE											
	22a I certify that (I) (this hosp	120 L			. 19	, to			19	, tha	t (1) (we) los	t
	saw the deceased alive an	at) view the body olter	death.	Q, on	d that in (my) (my) opinion	death accurred	d an the dat	e and hou	r and fran	the chu	ses stoted	
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	THE MITSH MEDITAME THE	R PRINT)	-		27e ADDRESS	1 1	1	1			11	
	Neil DIOS	SUNDS	IN		meso	MS I	100	KIN	SH	250	12/11	
i	23a BURIAL, CREMATION, REMOVAL			ME OF C	EMETERY OR CREMATORY	23d LOCA	TION		COUNTY	1	STATE	_
	BURIAL	3/6/1986	CAR	PENT	ER HILL CEMET	TERY S	EVERNA	PAR	Κ,	MAF	RYLAND	

DHMH - 16 60M 7/B4

(VRA 15, 4)

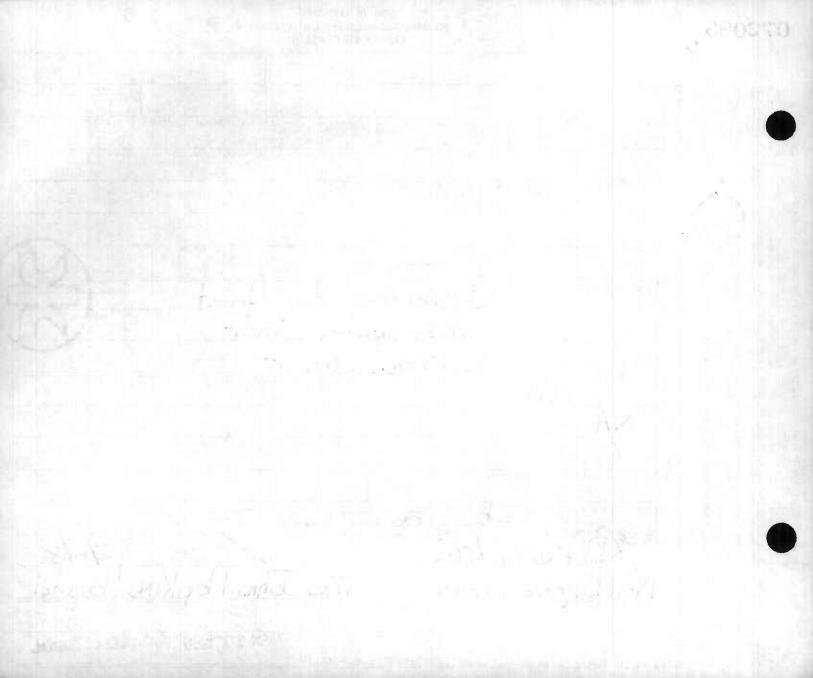
24 NUTRICE & SONS FUNERAL HOME, INC.

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

CARPENTER HILL CEMETERY

SEVERNA PARK, MARYLAND

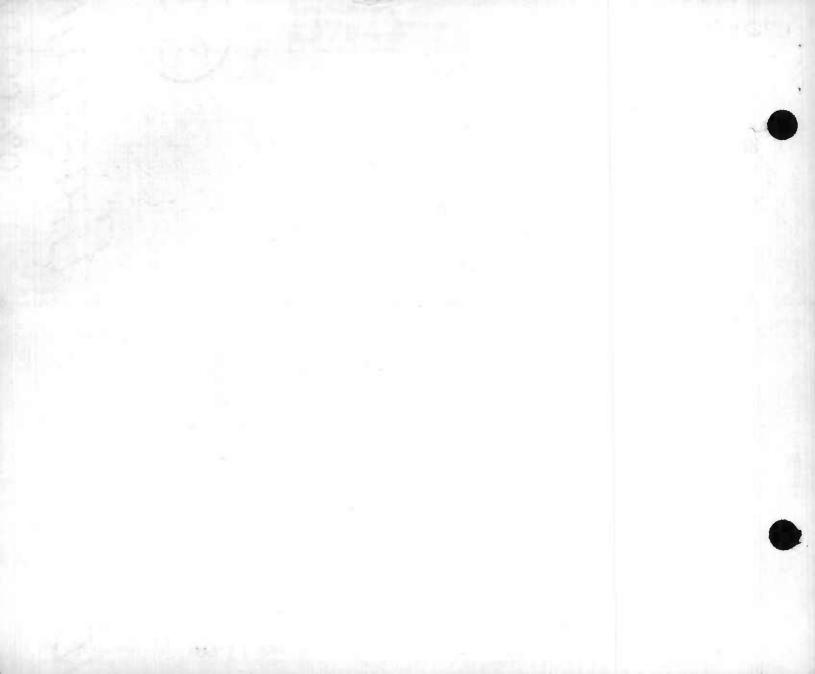
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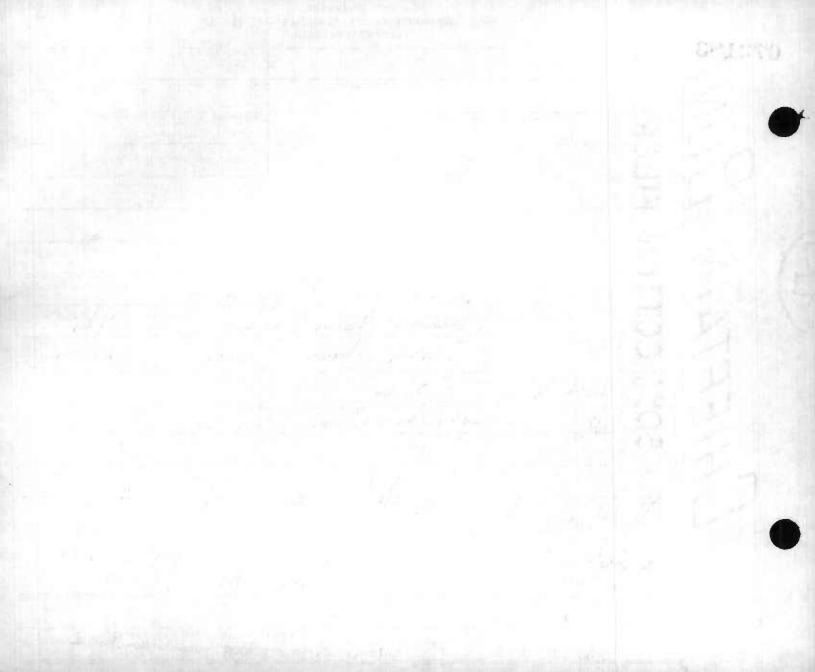
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	10		EASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
oy be		(TYPE	OR PRINT	am (Clinton	Tow	NES.	Sr.		3 31	86	0007
moy poog		3. SEX		4. RACE		5. DATE (OF BIRTH		6 AGE (IN YEARS LAST E	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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rol din 72 hou	70	(RIHPLACE (STATE OR FOREIGN		OF WHAT COUNTRY	MARRIE	D _ NEVER MA	ARRIED 🗆	9 BALTIMORE CITY	OR COUNTY C	F DEATH	
deo fune fune for			CAROLINA TY OR TOWN OF DEATH	USV	OF HOSPITAL, NURS	WIDOWI	Calc. R	DRCED [120 USUAL OCCUPA		101 KINID C	MD.
ofter s ofter by the siled will	13		ALTIMORE	(IF NOT IN	SUCH FACILITY, GIVE STRE	ET ADDRESS)	11		TYPE OF WORK FOR MOST	OF WORKING LIFE)	IZB. KIND C INDUSTRY SUPERI	F BUSINESS OR
MARYLAND 2120 In 24 hours If filled in by hould be fille	E	13a. S	AL RESIDENCE (IF NURSING HON TATE	AE OR OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE 130 CITY OR TO BALT		13d. INSIDE CITY		130 STREET ADDRESS			
YLA		14 FA	THER'S NAME		1	71 - 57 - 1	15 MOTHER'S A		ME			
JAN STOR	1		BEN	MIDDLE	TUCKE	12	25		MIDDLE		10WM	23/
			(AS DECEASED EVER IN U.S	ARMED FORCES			17 INFORMAN		35	27 Hill	en Roa	ad .
JIMO III	/		No.	S. ONE WAR ON DATES	215071	545	William	Towne	s, Jr. Ba	ltimore	. Md.	.21239
ST., BAL rtificate g physical on poper emoval	/		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	COROS	and ici.i	,		28257		BETWEEN	IMATE INTERVAL ONSET AND DEATH
N ST certi ling p iron or ren			IMME	DIATE CAUSE 10)				F -mally t	2,0231			
RESTON e deoth ce ontendini move corb			Conditions, if any, which		OR AS A CONSEO		or T	345	Lung			
l W. PRE hot the d by the o ose remo!, cremoth other tro			gove rise to immediate couse (a), stating the underlying couse lost	DUE TO.	OR AS A CONSEO		La Mi			1994		
RDS, 20		NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CO	NDITION GIVEN	N IN PART 1	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN. The low requires that the death certificate be returned physician. When the offending physician of the buriol-transit permit. Then please remove corbanopers: The hand Marchal Hygiere prior to buriol, cremation, or removal.	2	CERTIFICATION	19a DATE OF OPERATION	19b CON	NDITION FOR WHIC	H OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?	20b. IF YES, YIN CERTIFYI	WERE FINDIN	NGS USED OF DEATH?
ON OF VITAL TYSICIAN. This ding physicio sis certificate b buriol-tronsit Mental Hygie	4		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH		21c HOW INJU	JRY OCCURR	RED (ENTER NATURE OF IN	URY IN ITEM 18 PAR	T OR PART 2}	
YSICIA Fing pl s certif voriol-t	1	MEDICAL	(IF EITHER NOTHY MEDICAL EXAM		P.M. E OF INJURY	19	211 LOCATION	1				
UVISION JG PHYS offendir ter this is the but h and M.		ME	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY OFFICE	FARM ETC)	STREET		CITY OR T	OWN	COUNTY	STATE
0 0 % of E			27s.1 certify that (I) (this h		the deceosed from	32	686	19	. to 3 31	8 , 19		that (I) (we) lost
TTEN pritol for us			nbave to (we) (did) (di	nati www the bo	dy atter death.	, a	nd that in (my) (o	ur) opinion o	death occurred on the	dote and hour a	nd from the	couses stated
OR A be hos A be hos A be hos A be hos A bept H frem			224 SIGNATURE	X	~		DEGREE	ENDING _	MEDICAL ST	AFF	220 DATE	
HOSPITAL ned by th FUNERAL vide be detected to the Store			226 PHYSICIAN'S NAME I	vec clarements			PH 22e ADDRESS	YSICIAN L	DIRECTOR PHYS	CIAN	1213	31/86
TO HOSPITA retoined by 1 TO FUNERA should be de with the Stort			- 0	33			3001 5	5. Har	LOUER BO	LT ME	212	236
Z 6			URIAL, CREMATION, REMO	VAL 236 DATE	230	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION		COLLEGE	
BP			Burial	4/3/	1986 Ca	arpente	er Hill		ry			Maryland
DHMH - 16 60M 7	/84	24 N	HERALEDRE CORSONS	FUNERAL	HOME, INC	С.			E REC'D. BY REGISTRA	R 256 REGISTRA	R'S SIGNAT	URE
(VRA 15, 4)		25	Ol Gwynns Fal	lls Pkwy.	Baltimo	re, Md	. 21216	AP	R 02 1086	The state	LAPE SECONDA	abanda 20

(VRA 15, 4)

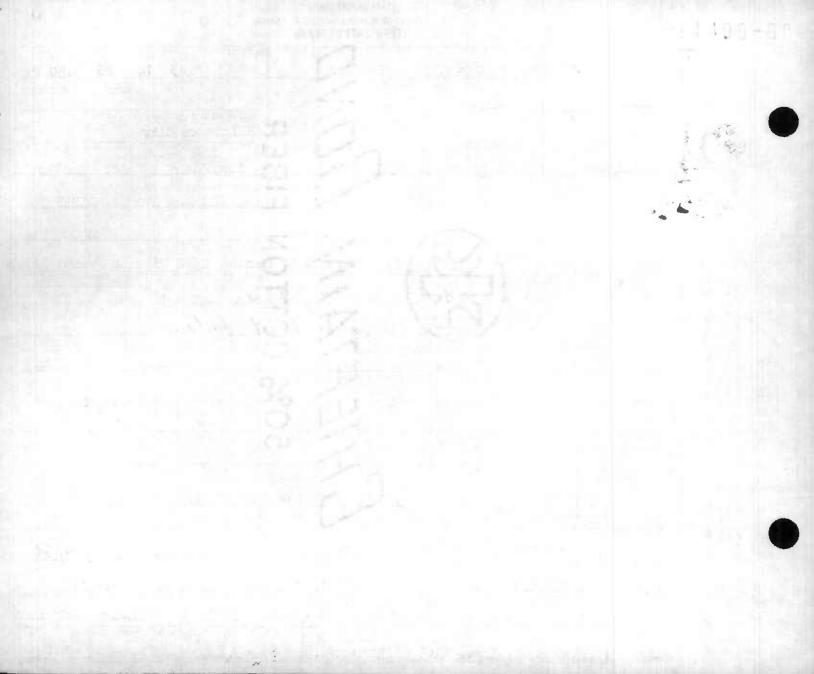
STATE OF MARYLAND



,]	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6 0	8 4 5
33		EASED NAME FROM	SERT EDWARD	TOZ	ER	MARCH 3, 1986	7;40P
	1 SEX		4 RACE	5. DATE	OF BIRTH	A AGE (IN TEAM IAM BRINGAY)	FUNDER) 1544 FUNDER SUMM.
. 1		MALE	WHITE	127	02/1917 "^"	68 YRS.	HOVING BATS HOURS MIN.
9	- 20	YORK	USA	MARRI WIDOW	ED X NEVER MARRIED	BALTIMORE CITY OR COUNTY BALTIMORE CI	
33		TIMORE	THE JOHNS HO	the section of the second		MISSLE OFFICER	126 KIND OF BUSINESS OR INDUSTRY US ARMY
218	13a: 5	TATE PANEL	OUNTY ABERDET	S. B. Charles	134 INSIDE CITY LIMITS?	13919 WALKER ZECON	u-1
		THUR J. TOZER	widota (wid		AGNES "CRAWF		(AD
2		AS DECEASED EVER IN U.S.			SUSAN TOZER	ABOVE	
		PART I. DEATH WAS CA	er only one cause per the foliot, (b): USED 8Y DIATE CAUSE (a)	Mil	ian Tis	RICANIS	BETWEEN CHOSET AND DEATH
		Conditions, if any, which		WHELOF	Justin S	nuchy	1/2
9		gave rise to immediate couse (a), stating the underlying couse last	DUE TO DE AS A CONSEQ	UENCEOF	Just 1	Disease	10-12-125
o Anha	NOI	PART 2 ONER SIGNIFICA	ALVE CONDITIONS	S IJEAS		NALDISEASE OF CONDITION GIV	YEN IN PART In
2	CERTIFICATION	3/3/3	CONDITION FOR WHILE	PERALL	1 1	IN CERTIF	S, WERE FINDINGS USED TYING CAUSES OF DEATH?
11.10	950	28a ACCIDENT WAS UNDERSTOOM ON CONTRIBUTIONS C CAUSE O LIFETIMES INCOMPANIENCE EXAL	FURATH HOUR A.M. MONTH	DAY YEAR	71: HOW INJURY OCCURE	RED: LENTER NATURE OF NUMBER IN PERS 18.0	FART I OR FART 2)
	MEDICAL	THE POURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	Acus on some	COUNTY ETAN
a maria		Be I certify that its other h	e on d not) view the body after death.	5/	17	to 5)3 desth occurred on the date and hou	that (I) (we) last
		776 500 NATORI	on not view the body after death.		DEGREE ATTENDING PHYSICIAN IT	MEDICAL STAFF	7% DATE SCHED
1		TOTAL STANK		54	274 ADDRESS	11 111	11012
	13a. B1	Removal	VAL 734 DATE 734	NAME OF	CEMETERY OR CREMATORY	234 LOCATION OFF DETOWN	20090 5005
/84	14. FU	NERAL DIRECTOR	omy Board		Ito., Md AD 1	A 4000 STREGISTUAN 256 REGIST	PAR SHONATURE



00-0041	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8 6	0	8 !	4	6
4	I DE	CEASED NAME FIRST	0	MIDDLE	i i	AST		2a DATE OF DEATH	MONTH E	DAY YEAR	26 HOU	R
3 75		JOSE	PH	CHARLES	TF	RABERT			3 14	86	5:50	PM
2 32	1 SE	Х	4 RACE		5. DATE C		YEAR	6 AGE IN YEARS LAST BI		FUNDER I YEAR	IF UNDER	24 HRS
1 135		Male	Wh:	ite	4	14	05	80	YRS			
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE MARRIE	D NEVER N	ARRIED -	9 BALTIMORE CITY	_	OF DEATH		
1 11 11		Maryland	USZ		WIDOWE	D DN	ORCED	Baltimore		, (MD.
178	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS I	NG HOME (OR OTHER INST	ITUTION	12a USUAL OCCUPAT		12b. KIND (E) INDUSTRY	OF BUSINE	SS OR
The state of	1	Baltimore		Agnes Hos				Custodia			enedi	ct's
2 20 36	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS				
2 13		aryland		Baltimo	re	YES 🔀	NO 🗌	2682 Wilke	ns Ave	enue, 2	1223	100
and a 2 set	14 F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME		1/	LST.	
D S D S		Ferdinand		Traber			arbara			Unkr	nown	
y secu		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC		17 INFORMAL		ADDR				
S. Po		No		213-01-	4611	Barba	ra L. I	Berman, 268	2 Wilk			
ysica oper wol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe	/) /		-	1.1			BETWEEN	XIMATE INTER ONSET AND	DEATH
g ph onp			ATE CAUSE (o)	Cardi	o rey	iralory	Janes	ue				
th ce corbin			DUE TO, O	R AS A CONSEOL	ENCESE	+	1	it faile	1	1000		
deo otto otton roun		Conditions, if ony, which gove rise to immediate	(b)_	Severe	Or	gestur	nea	it faile	ie			
the rem		couse (o), stating the underlying couse lost	DUE TO, O	R AS A CONSEOL	ENCE OF							
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	ER.	210 ACCIDENT WAS UNDERLYING			1	21c. HOW IN.	JURY OCCURE	RED (ENTER NATURE OF INJU			1.0	_
SICIAN: ng phys certifico ririol-troi entol Hy hem 18		OR CONTRIBUTING CAUSE OF D	KAIH	.M. MONTH D	AY YEAR	13.00						
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ond ked	X	WHILE NOT WHILE AL WORK	(AT HOME ST	REET, FACTORY OFFICE	FARM ETC	STREET		CITY OR TO	JWN	COUNTY	2	TATE
O P O P O P O P O P O P O P O P O P O P		22a I certify that (I) (this has	pital) attended th	he deceased from	3//	186	19 86		14	19.86	that (I) (v	we) lost
TEN TOR TOR of He		saw the deceased alive a	3/14	196 194	86	nd that in (my)	(our) opinion	death occurred on the d				
R ATTI hospit RECTC hed for hed for tem 21		obove, (h (we) (did) (did r 22b. SIGNATURE	of view the body	6 A = 11	4	DEGREE	10.0			22c DATI	E SJGNED,	
		KO	Tha 1	Millan		W) Y	TTENDING PHYSICIAN	MEDICAL STA	FF	- 2	1141	26
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O HOSPITAL eroined by the TO FuneRal, should be det with the State MAPORTANT;		Latha R. Pil	llair. N	M.D.		900 5	Cator	n Avenue, B	alto.	Md 2	1229	
TO HO TO FI	23a.	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR C		23d LOCATION	4200.7		:	
BP		(SPECIFY) Burial	3/18/	M		idge Me		k Elkridge	F	Howard	Mari	land
	24 F	UNERAL DIRECTOR	1 3/10/			21229	25a. DAT	E REC'D, BY REGISTRAR				
DHMH - 16 60M 7/84 (VRA 15, 4)	LI	ubbard Funeral	Home T	ADDRESS			inna	1 7 1986			Bodin E	6
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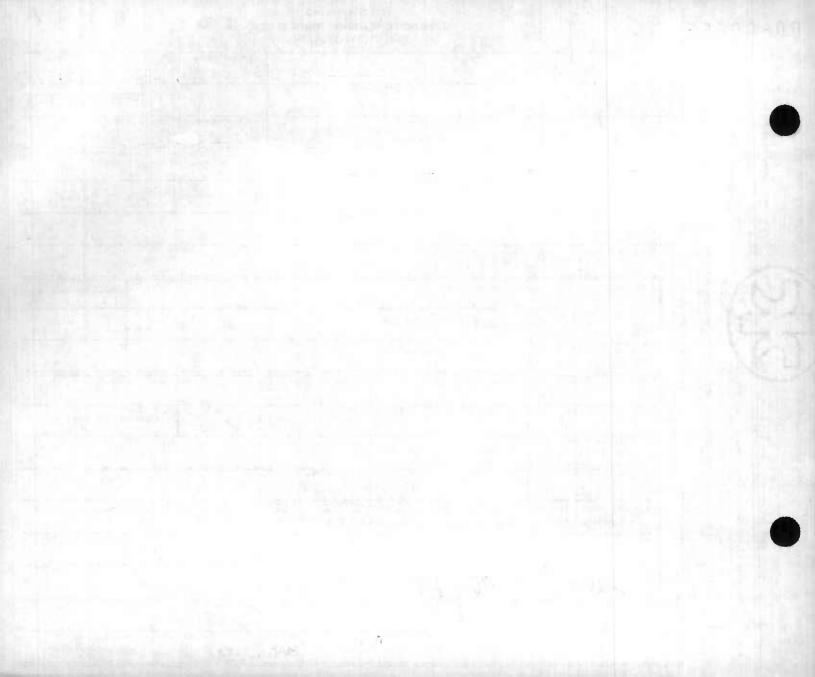
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e E			by Boy	MIDDLE		NSI DECLES		ONTH DAY YEAR	2b. HOUR
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Poge 4 moy director, pog hours ofter de	3 SEX	ALE	4 RACE WHIT	E	5. DATE C	/13/1986 YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DATE	
nerol din	(RTHPLACE (STATE OR FOREM OUNTRY) MARYLAND	Jb CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR		MD
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mpletely ond 2 st	1	THER'S NAME FIRST	WIDDLE	TREGI	LIA,JR	GAIL	ME	HALOVIČ	AST
xecut medicol		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b SOCIAL SEC	CURITY NO.	17 INFORMANT GAIL TREGL	ADDRES	S ABOVE	
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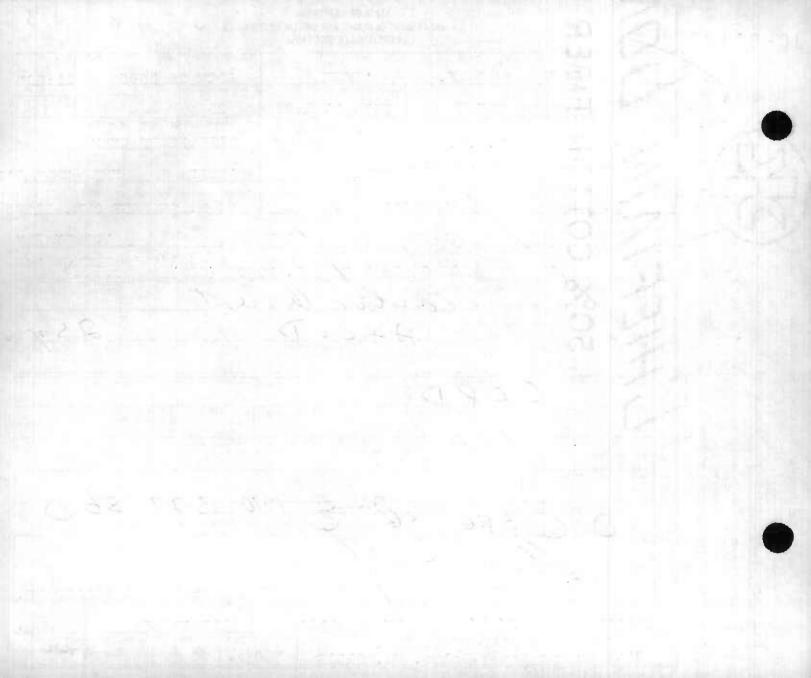
ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE





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5 9 8 8		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH M	ONTH DAY	Y YEAR	2b. HOUR
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M.M. M. Hallan, M.

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STATE OF MARYLAND

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DHMH - 16 60M 7/B4

Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc 7922 Wise Ave Balto Md 21222 Dorsey Howard Maryland

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W.

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of of star Market		BURIAL, CREMATION, F	EMOVAL	23b. DATE		23c NAME C	F CEMETE	RY OR CREMA	ATORY	23d. LOCA	ATION OR TOWN				67.470
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(VRA 15, 4)		Henry W.	Jenl	kins &			Balto	· Md	MAF	1101	1986	Time	Davidson	Maria	LUC.

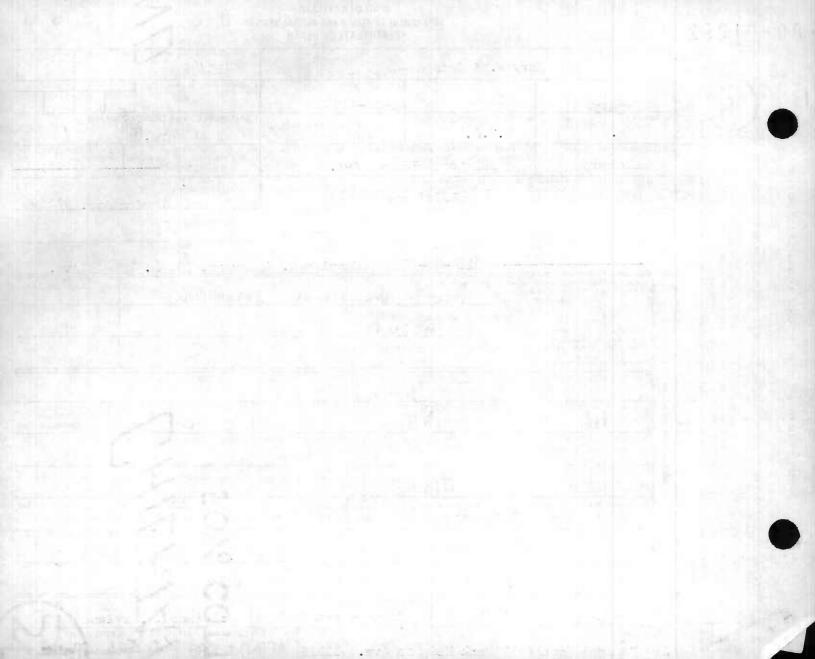
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

0-01992	1	FOR - STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 0 0	8 5 3
		CEASED NAME FIRST	WIDDLE		LAST		DAY YEAR 26. HOUR
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	3. 51	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
(60)		FFmale	Black	11100-11	0-1903	83 YRS	MONTHS: DATS HOOKS MIN.
1 11/00	7a E		76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
and the second	9	IRTHPLACE (STATE OR FOREIGN	U.S.A.	WIDOW		D = 1 + 2 = = = = =	MD
the fu		Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GE 502 Nort	NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LET red	126 KIND OF BUSINESS OR INDUSTRY
UNISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician. There this certificate has been signed by the attending physician and completely filled in by ons the buriol-throsist permit. Then please remove carbon papers. Pages 7 and 2 should be filled in hand Mentiol-transfer permit a buriot, cremetrian, or removal. Once of them 18 shows any injury, or other traumatic event, the medical examiner must be not	13a	STATE Md	ROTHER INSTITUTION, GIVE RESIDEN		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 502 North Loud	on Ave. 21229
ed within	14. F	ATHER'S NAME Thomas Johns		AST	15. MOTHER'S MAIDEN NO FIRST Frances	AME	LAST
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opers pers		18 CAUSE OF DEATH (Enter o	nly one cause per line (or (o)				BETWEEN ONSET AND DEATH
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The low ricion. The hos bee assist permit. Greene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	JN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
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At OR A vithe hos Al DIREC detoched bet Dept.		226. SIGNATURE	ny W hu		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF TO DIRECTOR PHYSICIAN	3. Str. St
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2 € ₹ 3 ₹	230	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 16 50M 4/82	24. 1	UNERAL DIRECTOR		DDBESS		TE REC'D. BY REGISTRAR 255 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	L	aw Funeral Home	4611 Park He	ights Av	e. 21215 AF	R 0 1 1986 Aulia L	Lavidson-Mande



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3-18-86

Bailey-Douglass Funeral Home 1348 N. Calhoun St.

(SPECIFY)

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

STATE OF MARYLAND

Mt. Auburn Cemetery

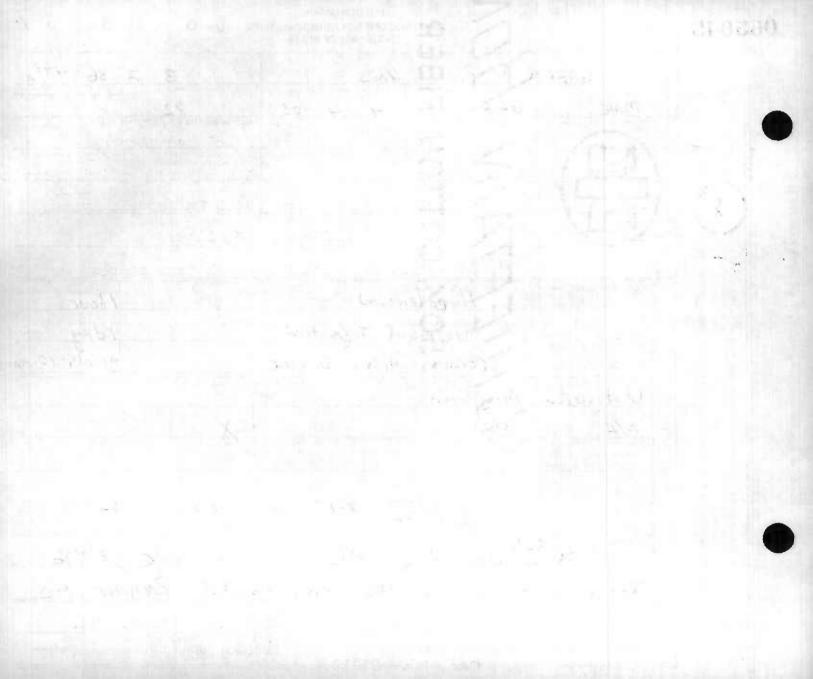
CITY OR TOWN

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Md. Baltimore YES MO 333 Homeland Southway 2121 Ide Was Decease Rangle Idea	ATTO	B	ALTIMORE	MARYLA	ND GENER		SPITAL				
George Rangle Was Deceased ever in U.S. Armed Forces? IND. Samed Forces? IND. Social Security NO. 17. Informant Address Mr. Anthony J. Unitas 312 Paddington Road— PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.]. and ic. PART LOTE ATH WAS CAUSE BY: IMMEDIATE CAUSE OF DEATH Enter only one couve per line for 10. [b.].	135	13a. S		COUNTY		MN		333 Homela	ZIP CODE Aund Sout	pt. 2A hway	21212
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NO 215 09 /638 Mr. Anthony J. Unitas 312 Paddington Road— Record R	9 3	16a V	VAS DECEASED EVER IN L		16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
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Severe peripheral vascular disease 196 DATE OF OPERATION	0.0		PART 2 OTHER SIGNIER								
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236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, REMOVAL 3/28/86 Loudon Park Cem. Baltimore, Md. STATE	defected to the Dept.		22b. SIGNAT	uf to	y after death.	Au	ATTENDING PHYSICIAN			3/8	SED BL
236. Burial 236. Date 236. Name of cemetery or crematory 236. Loudon Park Cem. 236. Date 236. Name of cemetery or crematory Burial 3/28/86	O FUNE nould be the S		MICHAEL		11 JR	MA		d General H	ospital		
Burial 3/28/86 Loudon Park Cem. Baltimore, Md.	F 50 3 3						EMETERY OR CREMATORY	23d LOCATION		NUMBER	
	10		Burial	3/28/	/86	Loudon	n Park Cem.	Baltimo	ore, Md.	YWY.	9.00
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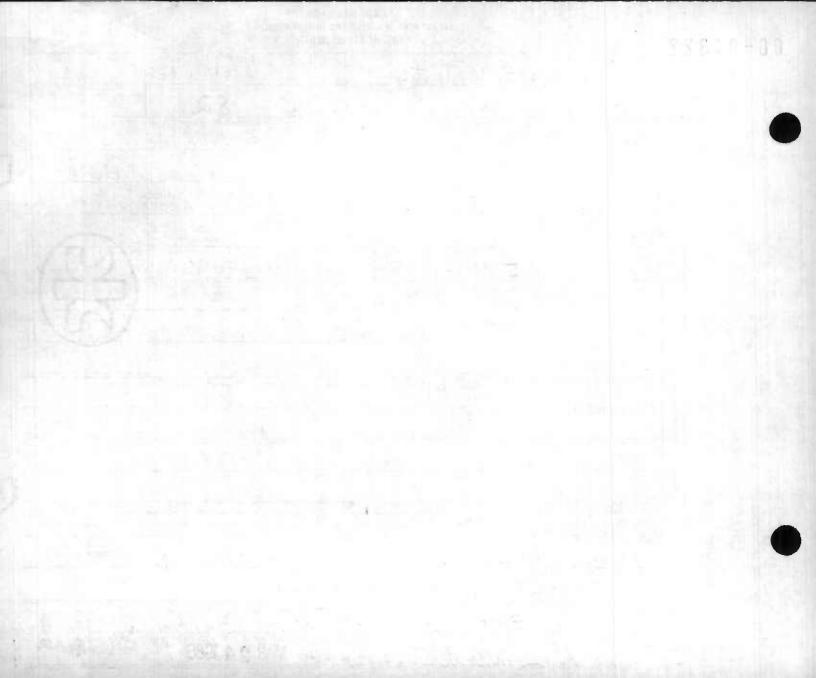
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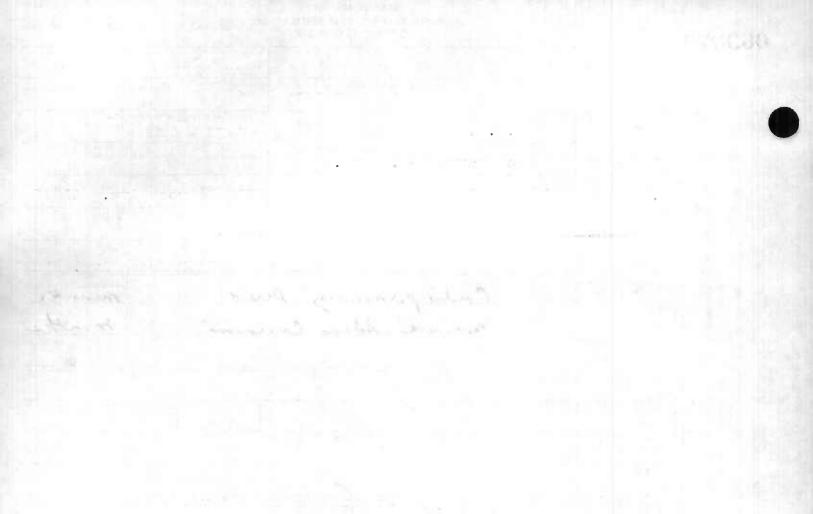
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		1		EASED NAME FIRST		MIDDLE	U	AS1	20.	DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
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	for p		3 SEX	Fenne	BLA	KK	S. DATE O		86	IGE (IN YEARS LAST BI	YRS.	MONTHS DAYS	HOURS MIN.
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AND 2	filled hould b	5		mo -	3	Battim		YES NO [STREET ADDRESS	zip code	lats Ave	2/2/5
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ORE,	and do ages	gicol		(AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		166 SOCIAL SEC		17 INFORMANT		ADDR		1	
TIMO	s o o	e med		No		216-30-	-6466	Inomas	Valo	ntine	2653	Hark H	ats the
T., BAL	physici physici model	event, th		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Υ:	CARDIO	-PULM	NENARY	ARRE	SF		BETWEEN	MRTE INTERVAL
NO S	nding corbo	0710				R AS A CONSEQ	UENCE OF	. 0.					1 1 1 1 1 1
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3	y the	ather		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQ			NEUM	cilla		1000	
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RDS,	sign Then to b	Cole Cole	NO						, , , , , , , , , , , , , , , , , , , ,				
AL RECORDS	hos per	ows any	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES IS	
.VIT	ZYOUT	S Spo		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME O		DAY YEAR	21c HOW INJURY C	OCCURRED	(Enter Nature OF IN)	URY IN ITEM 18. I	PART I OR PART 2}	
Ö	SIC cer cer cer cer	Hea	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		.M. OF INJURY	19	21f LOCATION					
DIVISION OF VIT		rkedor	MED	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE	E. FARM ETC)	STREET		CITY OR T	OWN	COUNTY	STATE
	Tolor Tolor Tolor Truse Theola	is a		22a.1 certify that (I) (this hospital)	ottended	deceased from	2/1	125 19	86	, to	3/2/6		that (I) (we) last
	ATT OSPI OSPI d fo	m 21	13	saw the deceased alive on above, (I) (we) (did) (did not) v 27b. SIGNATURE	iew the body			d that in (my) (our) o	pinion deof	h occurred on the o	dote and hou	22c DATE	
	the Did	± ±		Xeroul Kell	Hepr	if K. Holle	Pray	ATTEND PHYSIC		AEDICAL STA	AFF CIAN D	3/26	86
	TO HOSPITAL etoined by t TO FUNERAL should be det	MPOKIAN		Ronald Hab	erman	3 M.D.		Sinai H	bspito	l of Ba	Etimor	e	
	Of Char	2	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	230	. NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BP		$\overline{}$		3/31/8	36	Arbutus			Arbutus:	Md.		
DH	IMH - 16 50M 4/	83	74 FL	INERAL DIRECTOR	lloo+	4300 Wa	hact o		DATE RE			TRAR'S SIGNATI	
	(VRA 15, 4)			Wm C March F/H	west	4300 W	abash /	venue	MAR	271986	- mar	Cevidson-D	andelle



09179	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 🐧 O	0 8 1 6
VIII	(TYPE	REGISTRAR CEASED NAME JOSE JOSE JOSE		VALIS	REG. NI 20. DATE OF DEATH MARCH 27 6 AGE INVERS AST BIR	MONTH DAY YEAR 26 HOUR
Super 4 mg	1. SE	MALE RTHPLACE (STATE OR FOREIGN	CAUC. 76 CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH	2 7	TADATY OF DEATH
Someon Common of the Common of	1 0. C	COUNTRY) ARYLAND ITY OR TOWN OF DEATH	US'A	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	BALTIMO 120 USUAL OCCUPATI	ONE CITY NO OF BUSINESS O
	BA		CHURCH HI	DSPITAL E ADMISSION)	MAIL CARE	RIER USPS
	M	ARYLAND 136 COUR	MIDDLE LAST		2614 F	OSTER AVE 212
1500		JOHN WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	5 BARBAR URITY NO. 17 INFORMANT		VOJEK 2122
Market Market	-	YES WY	NII 215-69	1131 311 1151 1	ees Valis	2614 FUSIER AV APPROXIMATE INJERVAL BETWEEN ONSET AND DEATH
e time requires that it. Cas been vigated by it permit Their please me prior to bursol, cor was any rejory, or other	CERTIFICATION	cause lai, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TELE		DITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \(\text{NO} \)
Clan, the physical physical confliction of the physical co	1.00	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D		JRRED (ENTER NATURE OF NIJU	
ornending ornending the form the form t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE.	211. LOCATION	CITY OR TO	own county state
R ATTENDIA hospital or RECTOR. As hed for use rpt. of Healt han 21 n mo	6	saw the deceased afive an	MARCH 2.7 19			27., 19. 86., that (Hawell) ate and haur and from the causes stated
FUNERAL DI Ind be detoc The State Di ORTANT IF I		22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS CH	URCH HOSPI	TAL CORPORATION
BP Shorts	73a	L.K.	PEREDO 236. 331 86 0	100 N. BR NAME OF CEMETERY OR CREMATOR AKLAWN CEMET	Y 23d. LOCATION	LTIMORE, MD. 21231

THE SVA STANSFELL OF STANSFELL

Film G613 item 14. 15



BBB 1

Glen Burnie, Marylahd

FOR

Singleton Funeral Home

(VRA 15, 4)

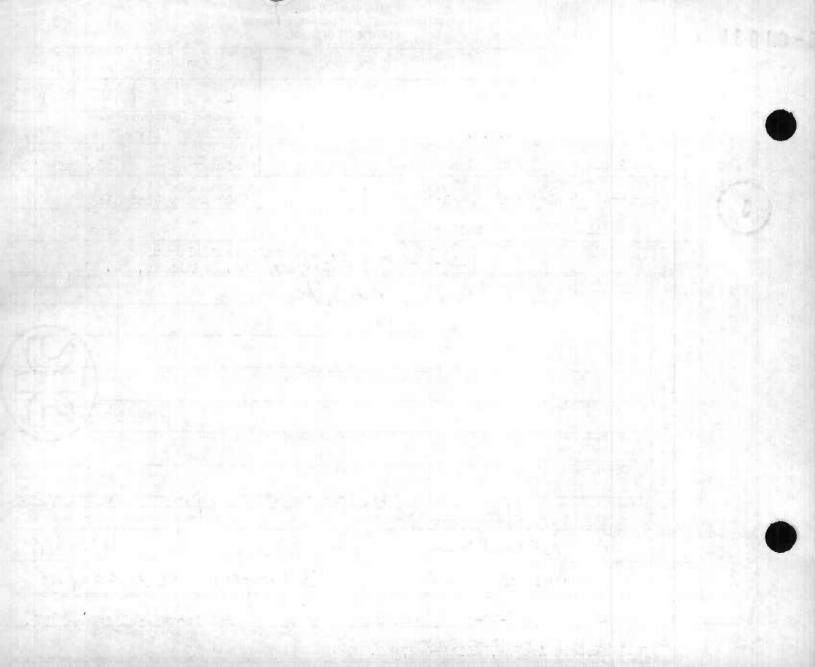
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

-01034	1	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL MY ICATE OF DEATH	REG. NO		6 4
noy be poge 3			OR PRINT) HARRY	MIDDLE		OPOULOS	March 17		3: 00P _M
ge 4 moy		3. SEX	ale	White	S. DATE C	5 3 LAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEA MONTHS DAY YRS.	
eath. Pog n 72 hou	91	70. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNT U.S.A.	RY? 8. MARRIE WIDOWE	NEVER MARRIED	Baltimore Cityo	R COUNTY OF DEATH	MD.
on softer de by the furilled within	200		altimore	11. NAME OF HOSPITAL, NUI GENOT IN SUCH FACILITY, GIVE ST 832 Tolna St		PROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O Painter	F WORKING LIFE INDUSTR	OF BUSINESS OR Painting
MARYLAND 2120	35	Ma Ma	ryland Balt:	tother institution give residence by 130. CITY OR TIMES Balti	OWN	13d. INSIDE CITY LIMITS? YES NO 🛣		y Road 2123	7
MARYL	130	JA FA	Theofilos	Vasilakoj		15. MOTHER'S MAIDEN N Fotini	WIDDLE		nitis
BALTIMORE, ote be execu	Tedical		/AS DECEASED EVER IN U.S. AR es. no or unknown) (14 yes, Giv NO	MED FORCES? 166. SOCIAL S VE WAR OR DATES) 216-32			sia Vasilakoj Road, Baltir		1237
RDS, 201 W. PRESTON ST equires that the death cert n signed by the attending Then please remove carbon	r to buriol, cremotion, or rer injury, or other troumotic ex	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	QUENCE OF	NOT RELATED TO THE TER	minal disease or coni	DITION GIVEN IN PART	l(a)
AL RECORDS, he low requir on. has been sig t permit. Ther	we prio	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
DIVISION OF VITA NG PHYSICIAN: T offending physici ffer this certificate os the burial-transi	th and Mental Hyginarked or Hear 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (FETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE OF WHILE AL WORK AL WORK	HOUR A.M. MONTH	19	216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		STATE
OR ATTENDI hospital or OIRECTOR: A	bept. of Heol		22a. I certify that (I) (this hospi		9 8 C . o.	DEGREE ATTENDING	n death accurred on the do	27c. 9A	that (I) (we) lost he causes stated
TO HOSPITAL retained by th	with the State C	22a B	22d PI AN'S NAME (TYPE O	- INO MO	22. NIAME OF C	220 ADDRESS 6	1	W Bue	BI MB
BP		230. B	Burial Burial	3-20-86		on Cemetery	CITY OR TOWN	re Baltimo	mandand
DHMH-16 30M (VRA 15, 4)		24. FL	n SME Matthews 3021 Eastern A		2	25a. D/	ATE REC'D. BY REGISTER	25b. REGISTRAR'S SIGN	ATURE

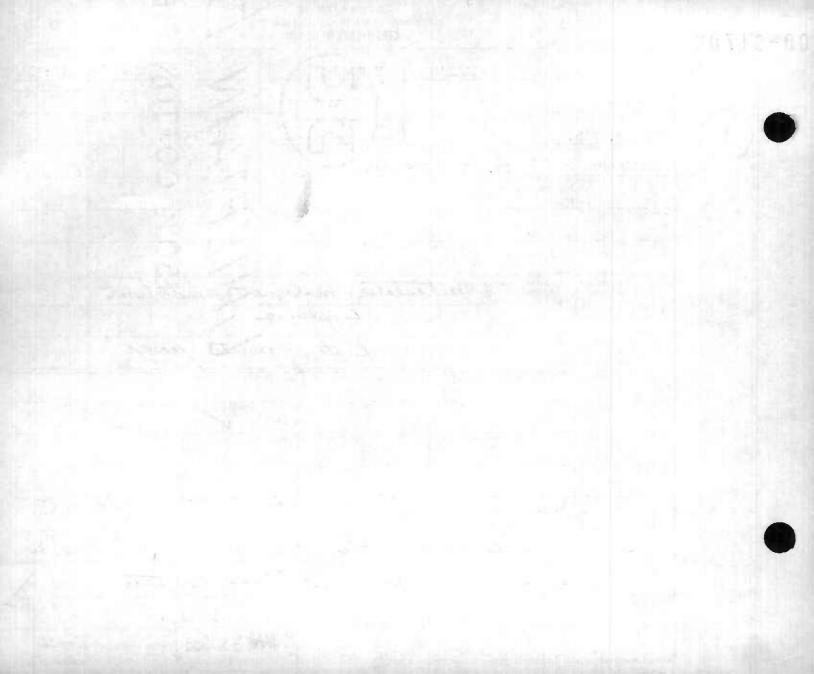


24 FUNERAL DIRECTOR

William C. March F/H West 4300 Wabash Avenue

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

RAR 258 REGISTRAR'S SIGNATURE



069068	1.	FOR - STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 3 0	0 8	6 6				
(CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MO	NTH DAY YEAR	2b HOUR				
oy be	1	MELVI	NA	VE	NABLE	MARCH 4,	1986	6:50 MP				
a pod	3. SE	X 4	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS				
rs of		FEMALE	BLACK	NOV	3, 1929	56	YRS MONTHS DAYS	HOURS MIN.				
The second	70 B		CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH					
nero tron		MARYLAND	U.S.A.	WIDOWE	V	BALTIMORE	E CITY,	MD.				
of de fr	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL NURSIN	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			12b KIND C	OF BUSINESS OR				
القاقة الم		BALTIMORE	CHURCH HOSP	TAL		FOLDER LAUNDRY						
filled in hould be formulatibe	13a M.	AL RESIDENCE (IF NURSING HOME OR OTHER STATE 13th COUNTY 212	IER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		13. STREET ADDRESS / Z 1005 McDOI	NOGAH ST.	21205				
with	14. F	ATHER'S NAME FIRST MID			15. MOTHER'S MAIDEN NAM	WIDDIE .	IA.	51				
I LOD	_	DELOGA	CHAMBE		LUCILLE		MANG					
(0)		WAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN IN THE YES GIVE W	AP OR DATEST		CORRINE J.	FERGES332		21213 OD AVE.				
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No be	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		OB IF YES, WERE FIND II N CERTIFYING CAUSES YES					
CIA		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY II	NITEM IB PART : OR PART 2)					
offending fer this c s the bur nond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
pital or TIENDIN TOR: Affor use o of Health		220 I certify that (I) this haspital	tended the deceased from M	ARCH 86 °	3 19	8-6to MARCH 4 leath occurred on the date	ond hour and from the	that (we) last				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

WALKER M.D. 230 BURIAL, CREMATION, REMOVAL BURIAL NAR.10, '86

100 N.

ATTENDING PHYSICIAN

DEGREE

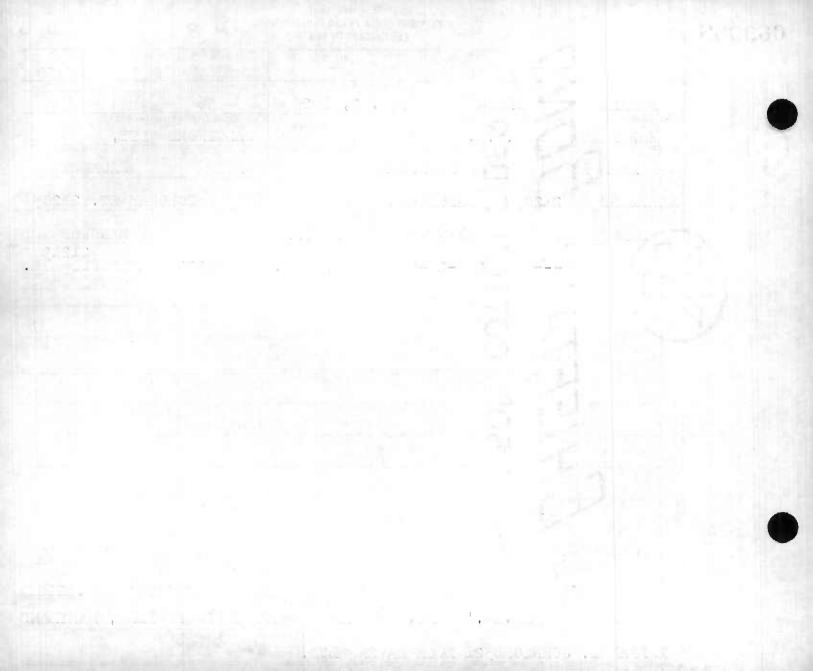
BROADWAY BALTIMORE, MD. REMATORY 23d LOCATION CEMETERY CROWNSVILLE, MARYLAND MD. VETERANS

MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS CHURCH HOSPITAL CORPORATION

250 DATE RECD. BY REGISTRAN 256 REGISTRAN'S SIGNATURE

24 FUNERAL DIRECTOR WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD



		1	FOR			DEPA	RTMENT OF	HEALTH	I AND MENTAL I	HYGIENE				
00	004		STATE REGISTRAR			MEDIC	AL EXAMI	NER'S	S CERTIFICATE OF DEATH					67
O I	0033	1. DE	EASED NAME	FIRST		MIDDI	I.E.		LAST	20. DA		MONTH	DAY YEA	IR 26 HOUR
	₩ & & X E	(TYP	E OR PRINT!	Jeann	ette	C.		7	<i>V</i> icars		F ESTI-	3	6 19 8	6
	REE	3. SE)	- 4	RACE	S DATE OF B	IRTH	6. AGE IN	EARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c D	ATE	MONTH	DAY YE	AR 2d HOUI
	N SI N	Fe	male	White		26 192		YRS. MONT	HS DAYS HOURS		OUNCED EAD	3	6 19 8	2:55
	AL AL SAR	7o BI	RTHPLACE (STA	TE OR	76 CITIZEN C			1.	~~	9 BAL	TIMORE CITY OR	COUNTY		
	S NECESSARY, PLEASE EFUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W PRESTON STREET	Ma	ssachus	etts	U	SAA.		WIDOW	IED MEVER MARK		1++===== (7:1		
	E FUN E FUN E S F ED, W	10. CI	TY OR TOWN C	F DEATH	11. NAME OF	HOSPITAL,	NURSING HOA	AE, OR OTH	IER INSTITUTION	12a. USUAL OC	Itimore (b KIND OF	BUSINESS
	* HASE		Baltim	ore City	(IF NOT IN SE	23 E.	rino St	reet	Apt. A	FOR MOST OF	WORKING LIFE)	omema	orindu	STRY
_	SAFER DEATH, IF ANY DELAY IS IN GIVE PAGES 1, 2, AND 3 TO THE FITTH FORM PM. 3. RETAIN PAGE 5 THE PAGES 1 AND 2 SHOULD BE FILED. INSIGN OF VITAL RECORDS (29) WILLIAM PAGES 1 AND 2 SHOULD BE FILED.		L RESIDENCE (F IN NURSING HOME	OR OTHER INSTITUTE	ON, GIVE RESID	ENCE BEFORE ADMIS						212	201
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF D	EATH	REG. I	VO.	-4	
	DECEASED NAME	FIRST	MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
5 <u>L</u>	TYPE OR PRINT)	ROLANDA	G.	VIET	'A		march	9,	1986	823 p M
3.	SEX	4 RACE		5. DATE (6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Whi	te	Aug	. 12, 1	919	66	YRS	MONTHS DATS	HOURS MIN.
1 70	BIRTHPLACE (STATE OR		OF WHAT COUN	TRY? 8 MARRIE	D XX NEVER N	ARRIED -	9 BALTIMORE CITY BALTIMO	_	Y OF DEATH	
10	Cuba CITY OR TOWN OF DE		S.A. OF HOSPITAL, NI	WIDOWE O	The state of the s	ORCED	120 USUAL OCCUPA	TION	Tigh KINID C	MD OF BUSINESS OR
4	BALTIMORE	(IF NOT II	SUCH FACILITY, GIVE	RIAL HOS		TOTION	(TYPE OF WORK FOR MOST Medical	OF WORKING	LIFE) INDUSTRY	DE BUSINESS OR
1:	SUAL RESIDENCE (IF NUR 30 STATE Md.	SUS THE CHAPTER INSTITU		TOWN	13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS 5904 Local			21239
14	FATHER'S NAME				15 MOTHER'S	MAIDEN NA				
3	Salvador	MIDDLE	Vie	eta	Blan		MIDDLE		rnandez	51
16	WAS DECEASED EVER	IN U.S. ARMED FORCE		SECURITY NO.	17 INFORMAT	41	ADDI	RESS		
	no		267-72	2-3804	Ana M.	Vieta	5904 Loch	Raver	Blvd.	21239
	Circlesis	mediate ighthe last. DUE TO consistency DUE TO	nic active	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO.	NDITION GI	IVEN IN PART IN	NGS USED
	190 DATE OF OPERA 2-24-80 210 ACCIDENT WAS UN	9	tal hyper the GINSURY				YES P NO	Y	ES 🗍	NO [
	On COLUMNIA INC.	CAUSE OF DEATH HOUF	A.M. MONTH	DAY YEAR	ZIC HOW IN.	IURY OCCUR	RED (ENTER NATURE OF IN)	IURY IN ITEM 18	PART I OR PART 2)	
	(IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIFY AT WORK	IAI HOM	ACE OF INJURY E STREET, FACTORY, OF	FFICE, FARM ETC }	211 LOCATIO	N	CITY OR T	OWN	COUNTY	STATE
	220 I certify that (I saw the decease above, (I) (we) ((this hospital) attended a dive an Marchael (did not) view the b	d the deceased for the	19.86		, 19 <u>86</u> aur) aprinian d	to Mac	date and ho	ivi and from the	
		iel KAtu	cher			TENDING HYSICIAN		AFF ICIAN	3-9-	
	224 PHYSICIAN'S N	AME [TYPE OR PRINT]	V		22e ADDRESS	-				
	DANIE	L K. HING	CKLEY		UNI	ON MEMO	ORIAL HOSP	ITAL		
23	Burial, CREMATION, (SPECIFY) Burial			73c. NAME OF C		REMATORY	23d LOCATION CITY OF TOWN Baltimor	o MA	COUNTY	STATE
7	FUNERAL DIRECTOR	Mar	12, 86	Druid	Riage	25a DATI	E REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	URE
	Leonard J	Ruck . Inc	5305 H	arford F	24 2121				200 · 2	

DHMH - 16 60M 7/B (VRA 15, 4)

		500		STATE OF MARYLAND		2 7 13
00-	00127	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES O U () ! / U
		I DECEASED NAME FIRST	WIDDLE	LAST		AY YEAR 26 HOUR
	U e e e e e e e e e e e e e e e e e e e	RUFINO		VILLAREAL	2 2	26 86 M
29	9 00	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Woods	ector irs off	Male	Oriental	MONTH DAY YEAR 11 11 08	77 YRS	ONTHS DATS HOURS MIN.
	of 72 hou	70. BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Balto. City	OF DEATH MD.
5	offer of the full	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
120	in b	USUAL RESIDENCE (IF NURSING HOA	524 N. Char			
AND 2	filled hould b	Md.	OUNTY 13t. CITY OR Balto	· YES NO	13e STREET ADDRESS 524 N. Charles	st. 21201
N N		14 FATHER'S NAME FIRST	MIDDLE LAS	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
How	986 MARY MARY	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT 20-1201	ADDRESS	
To the second	10 to	PART I. DEATH WAS CA	er only one cause per line for (a), (b USED BY: DIATE CAUSE (o) CLU	/	cident	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
(S)	(B Brown	Conditions, if ony, which	DUE TO, OR AS A CONS	EQUÊNCE OF The and and	in CV dueses	
(3)	BALT	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF Mild diabetic		
4	NA.	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIVE	N IN PART I/o
DIVISION OF VITAL RECORD OF WITH ESTONIAL TAL MOTER RY AND 2120	on. hos bee hos bee remit. ene priot	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED /ING CAUSES OF DEATH?
OF VIII	ICIAN T g physici entificate ial-transi ntal Hygi	OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
IVISION	Ottending ter this of the burn and Me	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OF	21f LOCATION	CITY OR TOWN	COUNTY STATE
٥	ENDIN Tolor Tuse o Heolth		ospital) attended the deceased for	rom 5/19 , 19 79 19 55 , and that in (my) (aur) opinian	10/23.1	9 35, that (I) (we) last
1	R ATTI RECTI RECTI red for rpt of rem 2	abave, (1) we) (did) (did) (22b. SIGNA URE	d nat Niew the body after death.	DEGREE DEGREE	death accurred on the date and hour	22c, DATE SIGNED
	PITAL OR by the h ERAL DIR Stote Depoche Stote Dep	Philip W.	Kuster, m.		MEDICAL STAFF DIRECTOR PHYSICIAN	3/5/86.
	O HOSPITAL etoined by it TO FUNERAL should be det with the Stote MPORTANT:	PI-JILIP	W. KEISTER	302 Par	tapseo ave.	
		230 BURIAL, CREMATION, REMOV	VAL 236 DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BP	Removal	2/27/86			
	DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Anatom	v Board	Ralto. Md. 250. DA	TE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MIDDLE 20 DATE OF DEATH MONTH DAY YEAR 7h HOUR March 29, 1986 Vinogradoff Tvan 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 28 02 10 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED K NEVER MARRIED Baltimore City

WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Francis Scott Key Medical Center

12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR Engineer Working LIFE NAUSTRY

ADDRESS

6907 Dunmanway Apt E-2 21222

JOUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Baltimore Dunda Ik Maryland FATHER'S NAME

4 RACE

White

U.S.A.

NO YES T 15. MOTHER'S MAIDEN NAME

17. INFORMANT

Mary

Not Known

Vinogradoff Ivan An WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) 062-01-6736 No

18. CAUSE OF DEATH (Enter only one cause per line of a), (b) and (c)

IMMEDIATE CAUSE (0)

MIDDLE

Aruti

Dorothy E. Vinogradoff same as 13e

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.

190 DATE OF OPERATION

21d INJURY OCCURRED

230 BURIAL CREMATION REMOVAL

Cremation

PART I DEATH WAS CAUSED BY

FOR - STATE

LIVEE OF PRINT

Male

Russia

REGISTRAR

BIRTHPLACE ISTATE OF FOREIGN

O CITY OR TOWN OF DEATH

Baltimore

FIRST

FIRST

Anatole

DECEASED NAME

DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTHEY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

NO

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

21f LOCATION

CITY OR TOWN

STATE

22c DATE SIGNED

NO I

77h SIGNATURE

22a I certify that (1) (thus hospital) attended the deceased from.

DEGREE ences

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

226 CHYSICIAN'S NAME (POPE OR PRIN

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

0

old t PORT

24 FUNERAL DIRECTOR

CERTIFICATION

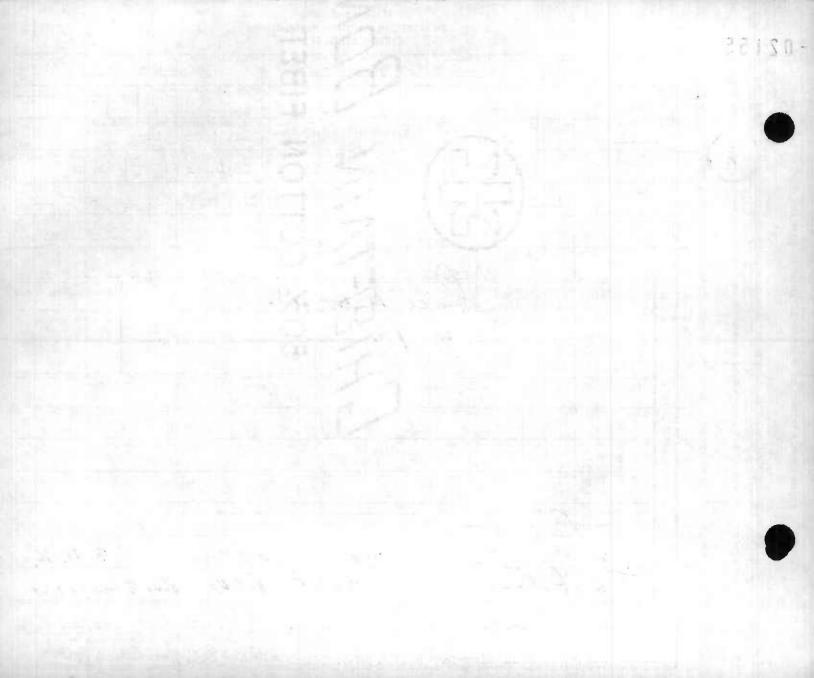
23b. DATE

4-2-86

Westview Mem. Pk. Duda-Ruck, Inc 7922 Wise Ave Balto., Md. 21222

Baltimore

Maryland



-----JAMES TOWN ASSESSMENT OF THE STATE OF THE ST The state of the s and they are all the state of the state of THE WALLEST THE STREET

77 = 68 7 7 7

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STATE OF MARYLAND

MIDDLE

0.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Vondersmith

5. DATE OF BIRTH

& AGE (IN YEARS LAST BIRTHDAY)

2n DATE OF DEATH

3-29-86

IF UNDER 1 YEAR

2h HOUR

CERTIFICATE OF DEATH

REG. NO

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Leonard J. Ruck, Inc., 5305 Harford Rd., Balto.

8

FUNERAL

TO P

(VRA 15, 4)

should be with the

FOR

REGISTRAR

Pearl

4 RACE

DECEASED NAME

- STATE

TYPE OF PRINTS

3 SEX

23a. BURIAL, CREMATION, REMOVAL 236. DATE 4-2-1986 Burial

23c. NAME OF CEMETERY OR CREMATORY Woodlawn

23d LOCATION Balto., Md.

COUNTY

una Daydon- Aande 12

Md.

APR

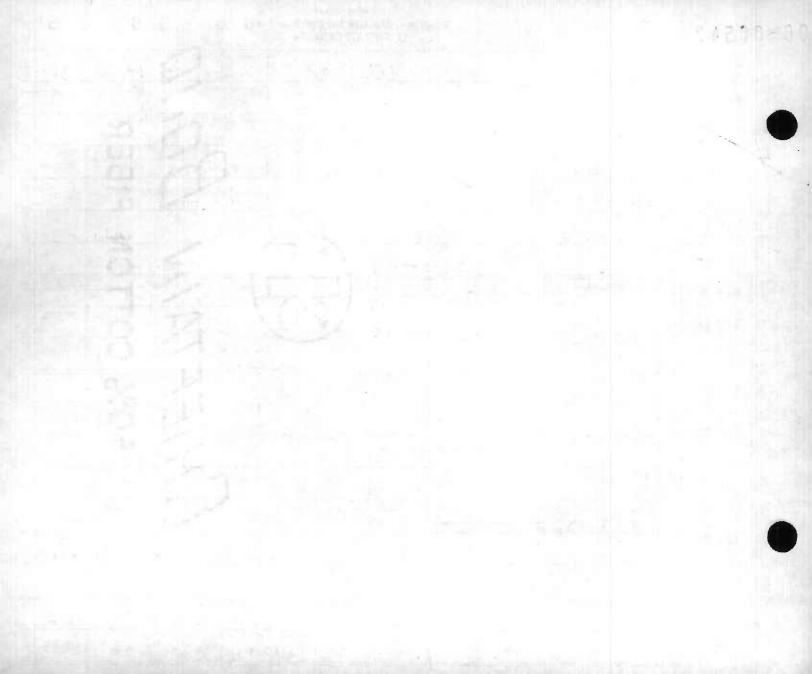
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2-14-1905 White Female YRS 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. Balto. City U.S.A. DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Ret. Clerk 6204 Fair Oaks Ave. Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 5204 Fair Oaks Ave. 21214 Balto. Md. 4 FATHER'S NAME 15 MOMERS MAIDEN NAME MADDLE Armstrong Cordelia Vondersmith Daniel ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) LIF YES GIVE WAR OR DATEST William S. Bonnet, 3017 Sixth Ave. 21234 215-05-9444 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause pen in far io, ib) and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED INCERTIFYING CAUSES OF DEATH? NOL 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH - BAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21¢ PLACE OF INJURY STREET COUNTY STATE AT HOME STREET VACTORY OFFICE GARAGETS WHILE NOT WHILE 27s.1 certify that (1) (this hospital) attended the deglased from and that in (my) four) apinian death occurred an the date and have and from the causes stated del (did not) why the poly after DEGNEE 22c DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Donald W. Mintzer, M.D. 3009 Evergreen Ave.

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12/12

00-00542	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
noy be poge 3		erine NMI Walker	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 3:04 M
oge 4 mo	Female	S DATE OF BIRTH MONTH DAY 1 19 26 Th CITIZEN OF WHAT COUNTRY? 8	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. 9 BALTIMORE CITY OR COUNTY OF DEATH
	VA.	MARRIED WEVER MARRIED WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	BALTIMORE CITY MD. 176 USUAL OCCUPATION 126 KIND OF BUSINESS OR
in by the	Baltimure USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSIC LAND THE DEFINED THE CONTROL OF THE DEFINED THE CONTROL OF	130 STATE 136 COUN	136. CITY OR TOWN 13d. INSIDE CITY LIMI YES X NO 15 MOTHER'S MAIDE ASSI	501 E.PRESTON APT 629
Me of the state of	Hamme 160 WAS DECEASED EVER IN U.S. ARA	Page Cox	ADDRESS ADDRESS
SALTIMO	NO 18 CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b), and (c)	PAGE 2420 WHITCOMB STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., I the certific territoring phy certitoring certitoring	PART I. DEATH WAS CAUSED IMMEDIATI	DUE TO, OR AS A CONSEQUENCE OF	rvest
W. PREST If the den y the catte e remarks committee	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	Careinoma
DS, 201 signed b her please to barrell, jury, or s	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
At RECOR	190 DATE OF OPERATION 270. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
SIC Extra ng phase certification from train enter 18 M	OR CONTRIBUTION CALLES OF DE AL	TH HOUR A.M. MONTH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF PHYSICAL CONTROL OF THE BUILD OF	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
R ATTEND hospital or hospital or RECTOR. A red for use bed for use spt. of Heol	22a.1 certify that (1) (this hospit sow the deceased alive an obove (1) we) (did) (did not 22b SIGNATURE	tol) oftended the deceosed from 3/5 19 19 19 19 19 19 19 19 19 19 19 19 19	to 3113 , 19 86 , that (I) (we) lost prinion death occurred on the date and hour and from the causes stated
by the ERAL DI ERAL DI Store De Color Di MNT. IF IN INTERNATION DI COLOR DI	22d PHYSICIAN'S NAME INVECTOR	aclase to m. ATTENDI PHYSICI	ING _ MEDICAL _ STAFF _ 7 1/ 10/
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State	Ne. 1 Pag 230 BURIAL, CREMATION, REMOVAL	123t DATE 123C NAME OF CEMETERY OF CREMAT	of mel Hospital
BP	BURIAL 24 FUNERAL DIRECTOR	3-19-86 EASTVIEW	BALTIMORE MARYLAND O DATE REC'D. BY REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)		INC. 1101 E.NORTH AVE.	MAR 1 8 1986 Juna Jungson- Mindale



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TENDING PHYSICIAN. The low commes that the death certificate he executed unthin 24 hours and man he	ipital or attending physician.	TOR: After this certificate has been signed by the attending physician of certification by the formal director page 3	to use as me contact the first process to the process to the process of the proce

02424	1	FOR - STATE REGISTRAR	DEPART	TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6 0	8 1 7 7
m c		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be age 3 death		George	W.	Wal	ker	March 29, 1986	M
i po	3 SE	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ige 4		Male	Black	2	14 38	48 YRS	
death. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	MARRIE		Baltimore City <u>or</u> COUNTY Baltimore Cit	
affix	В	altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 2003 N. Washi	ngton		12¢ USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
n 24 hau	13a	MD 13b COU	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATT 13c CITY OR TOWN Baltimore		YES X NO	130 STREET ADDRESS / ZIP CODE 2003 N. Washin	gton St. 2121
4 13	J4 F.	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE	LAST
Pe 1	7	John	A. Walker		Lossie		Hicks
* 13 4/	160	WAS DECEASED EVER IN U.S. AI YES, NO OR LINKNOWN) (IFYES GI	VE WAR OR DATES)		17 INFORMANT	ADDRESS	
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signer Then pl ta buri	No	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART Tra
he law range. hos been the priori	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
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offending offer this of the bull of the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIA raspital ar RECTOR: A ed for use of pt. of Health			ital) attended the deceased from 19 view the body after death.	86 ar	nd that in (vy)(our) apinion o	, to	ond from the causes stated
by the by the by the left bit of detach state Detach State Death and if the left by the left between the lef		Z.B. X	DE PRINTS		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/31/86
TO HOSPITAL retained by the TO FUNERAL should be detained to with the State IMPORTANT:	-	R. Brian	mitchell		600 N. W.		MD 21218
	730	BURIAL, CREMATION, REMOVAL Burial			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY MD STATE
BP	24 F	UNERAL DIRECTOR	4/4/00	Daitim	ore Cemetery	Baltimore REC'D. BY REGISTRAR 25% REGISTR	MD PAR'S SIGNIATURE
DHMH - 16 60M 7/84 (VRA 15, 4)			H 1101 E. Nort	h Ave.		APRO3 1986 Julia	

And the state of t to the second se Allert day - February 1 1996 7 1996

Cedar Hill Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

William C. March F/H West 4300 Wabash Avenue

3/14/86

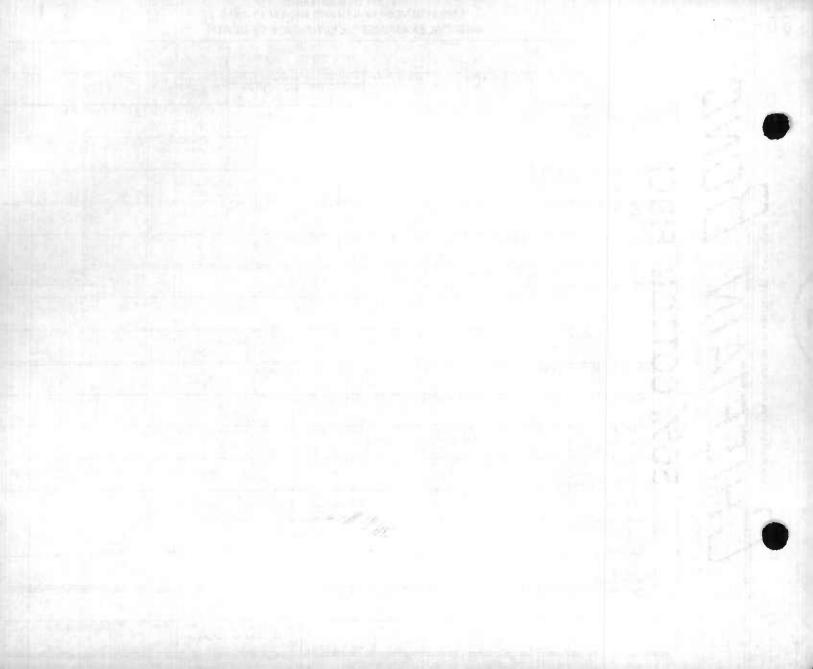
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Md

Anne Arundel

072005	1.	FOR Phone STATE REGISTRAR TEMS TO THE	3/13/86 DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI	
y be oge 3 deoth		CEASED NAME FIRST JASON	MIDDLE LAST WALTERS	REG. NO. 26 DATE OF DEATH MONTH DAY YEAR 25 HOUR FEBRUARY 26, 1986 01:40am
moy rer de	3. SE	MALE	4. RACE S. DATE OF BIRTH MONTH DAY JE	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1 169		IRTHPLACE (STA)E OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIE WIDOWED DIVORCE	BALTIMORE CITY
330s	В	ITY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE TOTAL	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY
691	130	STATE 136	BRENTWOOD YES NO !	22 CARROLL ST.
7948		ATHER'S NAME PHRST USSE// WAS DECEASED EVER IN U.S. AR	MODIE HENRY WATER AND MED FORCES? VAN SOCIAL SECURITY NO. 17 INFORMANT	N MIDDLE BREWSTER.
R MR		YES, NO OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)	
ST. BE			nly ane cause per line tor (0), (b), and ic III DBY: TE CAUSE (a) Cleatura me cha	rical dissacration 45 min
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF (b) or as dial	Kailane Thus.
DR. K		couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (c) S P COMMON LAND, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	recon plan total lives
CAL I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	
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TO HOSPIT ro Funer should be a with the Sta		224 PHYSICIAN'S NAME (TYPE O	OR PRINT) 276 ADDRESS	600 N WOLFE STREET BALTO, MD 2120!
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99999990M 7/84	24 F	Removal. UNERAL DIRECTOR NAME Anatomy	ADDRESS A A A	ISO DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

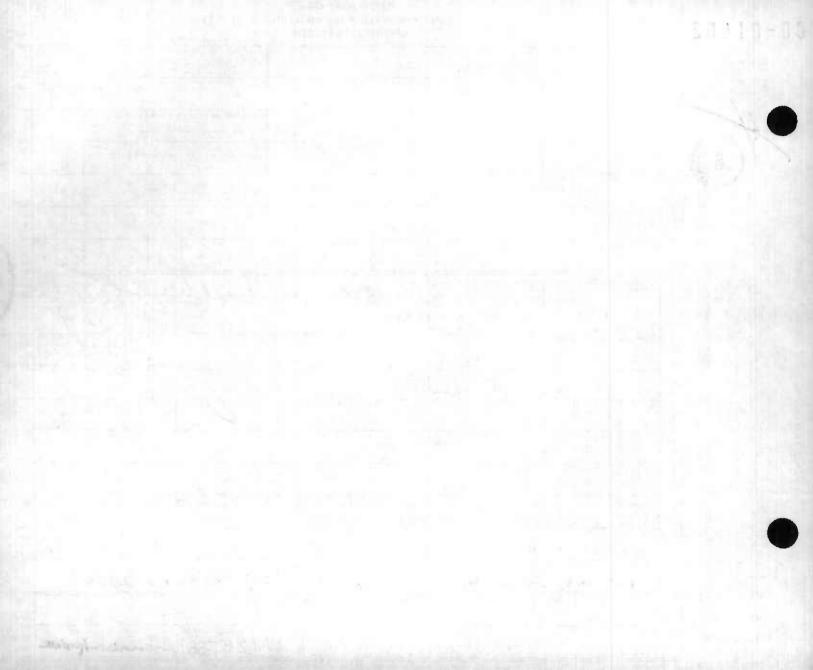
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	REC HE	m	ale	black	MONTH DAY	YEAR	LAST BIRTHO		S DAYS	HOURS		ONOUNCED	3_3	0-86 10	9:40P
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	できば 日 コーツー	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			E, OR OTH	ER INSTITUT	ION	12a USUAL	OCCUPATIO	N (TYPE OF WOR	OR INDUS	BUSINESS
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.2	# X 000 M					Dair	imore		YES X	NO 🗆		Poe /	avenue	21215	
¥	E-285		THER'S NAME		MIDDLE		LAST		15. MOTHER	r's MAIDER	NAME	MIDDLE		LAST	
E,	\$195 Z.C		bert				lton							Carter	
No.	SECOND 1	16a. V	VAS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b SO	CIAL SECURIT	Y NO.	17. INFORM	ANT		AD	DRESS		
BALTIMORE, MD. 21201	S AFT GIVI ITH R PAGE IVISIO	- "	No	(IF 123, OIVE	WAR OR DATES,	220	-74-34	32	Robe	art W	alton	2502 (Lyburr	Avenue	
			18. CAUSE OF	F DEATH (Enter on	ly ane cause per line				11000		410011	ZUUZ 1	- I YMUIT	APPROXIMA	ATE INTERVAL
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So	AABAAA	1	PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	MINAL DISEAS	OR CONDITION	GIVEN IN PAR	T 1 (a).				
DIVISION OF VITAL RECORDS, 201 W.	S A SEA	MEDICAL CERTIFICATION	1000												
2	Ser Per	A	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPE	RATION W	AS PERFORA	MED?				20 AUTOPS	Y?
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>	WE BELLE	ER		L CAUSE WAS	216. TIME OF	FINJURY		21c Ho	OW INJURY (OCCURRED) (ENTER NAT	URE OF INJURY IN	ITEM 18 PART 1 OF		140 1
0	SHESSE-	10	UNDERLYING	OR NG CAUSE OF I	HOUR A.M	MONTH	DAY YEA	R	ubicat	abot	-				
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	MINER: THIS CERTIFICATE SHOULD BE EXECUTED WIFECATE, WRITING THE WORD "FENDING" IN PEN BE FORWARDED TO THE CHIEF MEDICAL EXAMILE BE FORWARDED TO THE CHIEF AS BURIAL-THE THE STATE DEPARTMENT OF HEALTH AND MENT YLAND, 21201 PRIØR TO BURIAL, CREMATION, OR		AT WORK	AT WORK	J 1000	SLOL	=	- 4	004 F0	TLV IIC	jus. r	venue	Daico.	, Mary ran	<u> </u>
	ATE, DRV		22a. I certif	y that I taak charg	e of the remains des	cribed abo	ave, held an	Autap	sy X	Inspection		Inquiry .	and in my	apınıan	
	A STATE		death resulte	ed from: Natur	ral causes ,	Accident	☐ S	uicide L	Hamicu	de X.		nined manner			
	IRE BENT			AV.	0		1/ 1/	1	TITLE (SP						
	D D D T T		ACTUAL SIGNATURE_	III NOA A	NTO. 1	101	MUL	<i>!</i>				L EXAMINER	DA	TE NED 3-31-8	6
	2 H & 2 B & 5 B		SIGNATURE _	11000		-	1		.D. <u>ASS</u> 1	Stain	MEDICA	AL EXAMINER	SIG	NED 3-31-0	
	S S S S S S S S S S S S S S S S S S S	-	EXAMINER'S I	NAME	MARGARI	TA A	. KORE	LL.M.	Danson	111	Penn	Street	-		
	TO MEDICAL EXAMINER: THIS CEF EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALKMORE, MARYLAND, 21201 P	73.0 PI	IRIAL CREMAT	ION PEMOVAL 2			NAME OF CE			DV	23d. LOCA	TION			
		(5	Buria	al .	4/4/86		ng Memo			TK I	CITY OR I	allsto	C		STATE
07/84 25M	BP		JNERAL DIREC		, ., 50		· g · rcint	Jiiui		Sa Descen				S SIGNATURE (**)	Md
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	(VR A15 ME (5))	W	I I I dill C	. March	r/n west	4300	Wabasi	Ave	nue			0			L



WM.C.MARCH F/H INC. 1101 E.NORTH AVE.

Juna Daydoon-Handelle

DHMH - 16 60M 7/84 (VRA 15, 4)



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Californ Winness Vand Alexy Elizabeth Ceans

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65014	1.	STATE REGISTRAR 3/7/86 mg			TE OF DEATH	REG. NO.	0 ; 0 4
PLUCOLA		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH DA	YEAR 26 HOUR
poge (LOUISE		WARE		MARCH 2, 1986	M
e bo	3. SE		4. RACE	5 DATE OF BI		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
8 91		Female	Black	111	26 22	YRS.	DATS HOURS MIN.
1 1 to 7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	
		outh Carolina	U.S.A.	WIDOWED	/	BALTIMORE CITY,	, MD.
5 100	В	ALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 340 MASON CO	URT	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) COOK	126. KIND OF BUSINESS.OR INDUSTRY Domestic
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and and and		Fleming	Gray LAST		Bessie	MIDDLE	LAST
Poged Poged	160 \	VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (15 YES, GIV	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 247-12-		Dianna Johns	on 2007 Swansea F	Road
1 MP			ly ane cause per line for (a), (b), a D BY: E CAUSE (a) Cardii	ac Asy	stole		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
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requires en signe or to bur y injury.	NOIL	Left Ventri	cular Hypertroph	ug		INAL DISEASE OR CONDITION GIVE	
The low icron. The hos be sait permit giene pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH			YES NO YES	
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offendir offendir ter this so the bu h ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	, FARM, ETC)	LOCATION	CITY OR TOWN	COUNTY STATE
ATENDING PHYSICIAN: The ospiral or otherding physician ECTOR After this certificate he d'ou use as the burial-transit p. t. of Health and Mental Hygren m. 21 is marked or frem 18 shown m. 21 is mark			attended the deceased fram.	85 , ond the	. 17	to 920 19	285, that (1) we) lost and from the causes stated
Ok he he he horber hache		276 SIGNATURE HAIN	adoff	MD, PL		MEDICAL STAFF DIRECTOR □ PHYSICIAN	3 3 86
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store MPORTANT:	1	DAVID H MAD	OFF		Le Johns Hop	kius Hospital, Baltim	ione MD
BP	(BURIAL, CREMATION, REMOVAL			tery or crematory e Cemetery	Baltimore,	Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		neral director rch Funeral Hom	nes 1101 East No	orth Aver	nue 250. DATE	REC D. BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21241

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02003		CEASED NAME FIRST	MIDDLE		AST	REG. NO 20. DATE OF DEATH M	NONTH DAY YEAR	2b. HOUR
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moy . pog	3 SE	(4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
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2 hours	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
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the f	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NL		OR OTHER INSTITUTION	126 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY	
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and co		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES	5	
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TAL OR ATTEN y the hospitol RAL DIRECTOR detoched for u note Dept of He		77k SIGNATURE	En lo	0	DEGREE	MEDICAL STAFE	771 DATE	SICKED OF
SSPITAL ed by th UNERAL d be dete he State RTANT: t		224 PHYSICIAN'S NAME (14PE	some 1	4		MEDICAL STAFF	N 🗆	13/00
HOSPITAL ined by th FUNERAL wild be dett h the State 'ORTANT:		O CO L	DR PRINT)		22e ADDRESS	00 00 D. a	n Par -	
TO HOSPITAL retained by the TO FUNERAL should be determent with the State IMPORTANT:	770	BURIAL, CREMATION, REMOVAL	NHANK.	22. NAME OF		ARFORD ROA	U-TARKY!	112
BP	130 E	SPECIEVIA	1 236 DATE	1 1 1 0 C	EMETERY OR CREMATOR	CITY OR TOWN	COUNTY C	STATE
	24 F	UNERAL DIRECTOR		118300	LAWN CEM	DATE REC D. BY REGISTRAR 21	SE REGISTRAR'S SIGNA	HOPPAN
DHMH - 16 60M 7/B4 (VRA 15, 4)	3	VANS CHAPIL	OFM2MORISS		RO	APRO41966	וספאושיין פר	7

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(VRA 15, 4)

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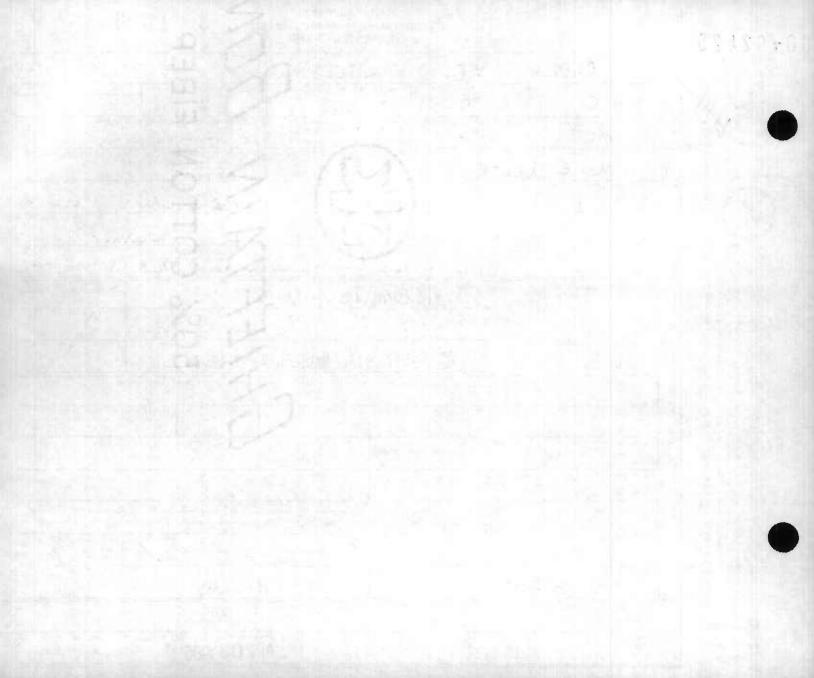
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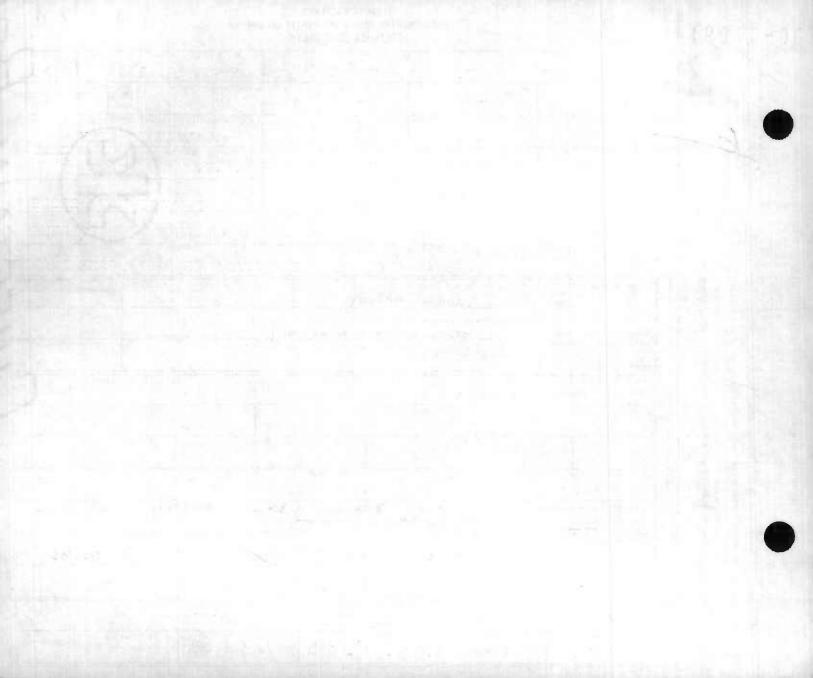
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	deg 3	10		ORPANI) BERNAR		YSSE	RMAN	03	- 29.	- 86	650 AM
	ge 4 may	15	3. SE)	MALE	White	5. DATE O	L - 4- 23	6. AGE (IN YEARS LAST BIRT			HOURS MIN.
	deoth. Po uneral dir iin 72 hau	of once.	(RTHPLACE (STATE OR FOREIGN 78 OUNTRY) GERMANY	U.S.A.	8. MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	-	OF DEATH CITY	MD.
201	rs after o by the fu filed with	political 2	10 CI	BALTIMORE F	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A DINAN HUSPIT	ADDRESS)	F BALT .	120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE	126 KIND OF INDUSTRY	BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled in	mustbe	13a. S	NE RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TOWN PALT		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	- PLAC	E 21215
X.L.	rely 2 st	e e	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA				
MAN	, p			MAX	WASSER	MAN	KMK BET	TV		WOLF	3
E,	executed	1	Iáa. V	AS DECEASED EVER IN U.S. ARM			17 INFORMANT	ADDRE	SS	WOLI	
WO		2	- D		-ARMY 214-16-	997/	MRS. HEDY W	ACCEDMAN 60	04 00	DCET DI	ACEO101E
E	o o	1			- AV /	1024	MKS. HEDI W	ASSERMAN 09	04 001		
ST., BA	certificate ing physical	and the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE			c SHOCK			BETWEENON	ATE INTERVAL NSET AND DEATH
NO	h ce	of the			DUE TO, OR AS A CONSEQUE	NCE OF		1	2.	Δ.	1
EST	deo de o	0 0		Conditions, if any, which		MVO	CARD, ML	INFARCT	ion	91	10VRS
9.	the the	-		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
3	hot by by	o to	130	underlying couse lost	(c)						
, 20	aned n ple	٧,٠		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVE	EN IN PART To	
RD.	The The		O								
RECO	no.	5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING YING CAUSES O	OF DEATH?
T	hysicion cote h ronsit p	sho	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	FD (SNITER NIATURE OF INVIE	YES		NO 🗌
Ž.	phy phy lifter l	E 64		OR CONTRIBUTING CAUSE OF DEATH	· ·	Y YEAR		(Eleisen tenione Or Inson	T MATIEM TO TA	ALT OR PART 25	
N	IYSICIA ding ph is certifi burial-ti	or Hem	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION				
DIVISIO	after the	markedo	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	STREET *	CITY OR TO	٧N	COUNTY	STATE
_	A S S S S S S S S S S S S S S S S S S S	S B		220 I certify that (I (this hospital	1) attended the deceased from _	MARCH	28 10 80	2, to WARCH	75	19_00_, the	ot (I) ((we) Jost
	spite cTO	5		saw the deceased alive on oboye (I) (we) (did) did not)	View the body ofter death.	, an	d that in (my (our) opinion o	death accurred on the da	te and hour	and from the co	uses stated
	OR AT DIRECTORNED DIRECTORNED FOR THE PROPERTY OF THE PROPERTY	te t		226. SIGNATURE		C	DEGREE			22c. DATE SI	GNED
	by the	1. 1		Must will	no mo		ATTENDING PHYSICIAN	MEDICAL STAF		3-2	9-86
	HOSPITAL ined by 18 FUNERAL old be deta	TA.		224 PHYSICIAN'S NAME ITYPE ORP	PRINT)		22e ADDRESS				7
		MPORTANT; If Hem		KOBERT DE	MARCO, IMI	0	SINAI HOS.	O OF BA	LT	21215	
	5 g 5 g 3	≥	23a. B		236. DATE 23c. N	AME OF CI	METERY OR CREMATORY	23d. LOCATION			
	BP	. (3)	(BURIAL	3/30/86			CITY OR TOWN	OMO: n -	PATTO	STATE
	DHMH - 16 50M	4/83	24 FL	NERAL DIRECTOR SOL LEV	INSON & BROS. II	NC.	250. DATE	SED RANDALI REC'D. BY REGISTRAR		BALTO RAR'S SIGNATUR	MD_
	(VRA 15, 4)	0.5		110 REISTERSTOWN	VODUE 33		ADD -	1 1000	Savids	- Randa	6 1
			-01	HU KEISIEKSIOWN	KD. DALIU,MD Z	1413	1431174	1 130U / T			

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STATE OF MARYLAND





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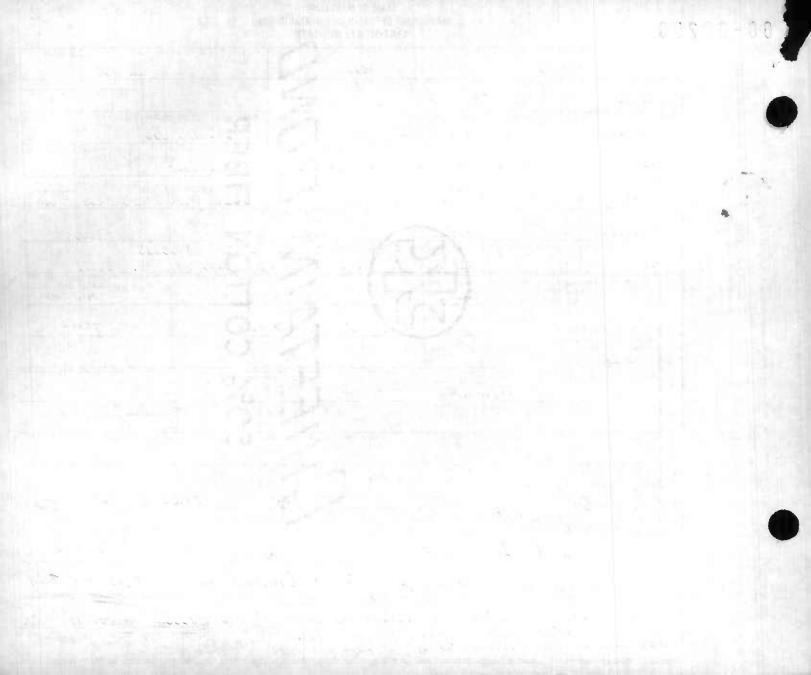
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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h.c	REGISTRAR						REG. N					
I DE	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR	
(TYPE	E OR PRINT)	Garnet			1	Watts		3	12	86		
3. SE	Х	4	RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		_	DER I YEAR	IF UNDER 24 HI	
	Female	300	Caucasi	an	MONT	H DAY YEAR	75	YRS.	MONIH	S. DAYS	HOURS M.	
	IRTHPLACE (STATE OR		b. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY			EATH		
Pe	ennsy lvani	α	United	States	WIDOW		Baltimore City					
	ity or town of DE.	ATH 1				or other institution th. Street	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake		12b. KIND OF BUSINE			
130 S	at residence if nur state ary land	13b COUNT		GIVE RESIDENCE B 136 CITY OR T Balta	IOWN	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS Roland Pa			nents	2121: Apt.	
14. FA	Franklin	M	DDLE	Grening	ger	15 MOTHER'S MAIDEN NA MOTTIE	WE			Kur		
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL S	SECURITY NO.	17 INFORMANT Mr.	Willard Alon	eltze	: 7			
	no	(# 165, 6116	Trim On Drivey	217-32	2-9279	P.O. Box 119	74 Baltimor	re, M	D.	2120	7	
	18 CAUSE OF DEAT	H (Enter only	one couse per	r line for (a), (b	1, and (c1.)					BETWEEN	MATE INTERVAL	
	PART I. DEATH V		CAUSE (o)	Carollac	Argest					MI	nobes	
	Conditions, if ony gove rise to im couse (a), stati	mediate	(b)		rschrohe	Vascular D.	s-are	4		70	'n	
TION	gove rise to im couse (o), stoti underlying couse PART 2 OTHER SIG	mediate ng the e lost NIFICANT CO	Den	A there is a conse	OUENCE OF	I NOT RELATED TO THE TERM	NINAL DISEASE OR CON			PART 110	,	
TIFICATION	gove rise to im couse (o), statu underlying couse	mediate ng the e lost NIFICANT CO	Den	A there is a conse	OUENCE OF			20b IF Y	res, wer	PART 110		
CERTIFI	gove rise to im couse (o), stotiunderlying couse PART 2 OTHER SIG	mediate ng the e lost NIFICANT CO THOM DERLYING CAUSE OF DEAT KCALEXAMINER)	DUE TO, O DUE TO, O Ic) DOUBTIONS CO 196 COND 216. TIME CO HOUR A.	A there R AS A CONSE ONTRIBUTING MENTY ITION FOR WH OF INJURY M. MONTH M.	OUENCE OF	ON WAS PERFORMED 216. HOW INJURY OCCUR	VINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	20b IF Y	YES, WEF TIFYING YES []	RE FINDING CAUSES	GS USED OF DEATH?	
U.	gove rise to im couse (a), statis underlying couse PART 2 OTHER SIG	mediate ng the e lost NIFICANT CO TON CAUSE OF DEAT ICAL EXAMINER) RED	DUE TO, O DUE TO, O Ic) DUE TO, O DONDITIONS CO 196. COND 216. TIME C HOUR A. P. 21e PLACE	A there R AS A CONSE ONTRIBUTING MENTY ITION FOR WH OF INJURY M. MONTH M.	OUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED	VINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	206 IF Y IN CER	YES, WER TIFY ING YES [] 8 PART 1 O	RE FINDING CAUSES	IGS USED OF DEATH? NO []	
CERTIFI	gove rise to im couse (o), stotiunderlying couse (o), stotiunderlying couse (o), part 2 OTHER SIG [19a DATE OF OPERA [19a DATE	METALEXAMINER) THIS HOLE THE COLOR TO THE C	DUE TO, O Ic) DIDITIONS CO 196 COND 216. TIME CO HOUR A. P. 216 PLACE (AT HOME. STI	A HOUR RAS A CONSE	COUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR 19 EKE, FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	206 IF Y IN CER	YES, WEFT TIFYING YES []	RE FINDIN CAUSES	IGS USED OF DEATH? NO STATE	
CERTIFI	GOVE rise to im couse (a), stotium underlying couse PART 2 OTHER SIG 19e DATE OF OPERA 21e, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 22d. I certify that [IS SOW the decess obove, (I) week 22b. SIGNATURE	MEDIAL CONTROL CAUSE OF DEAT INCALEXAMINER) THIS CONTROL CAUSE OF DEAT INCALEXAMINER)	DUE TO, O DUE TO, O Ic) DIDITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e PLACE (AT HOME. ST) View the body	A HOUR RAS A CONSE	COUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR 19 EKE, FARM, ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 45 and that in (10) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	206 IF Y IN CER	YES, WEFT THEYING YES	RE FINDING CAUSES OUNTY STORY THE STORY CAUSES	STATE	
MEDICAL CERTIFI	GOVE rise to im couse for contributing for couse for	MED AME (TYPE OR	DUE TO, O DUE TO, O Ic) DIDITIONS CO 196 COND 216. TIME CO HOUR A. P. 21e PLACE (AT HOME. ST) View the body	A HOUR AS A CONSE	OUENCE OF TO DEATH BUT HICH OPERATIC DAY YEAR 19 SICE, FARM, ETC.)	INOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 19 5 nd that in (ny) (our) apinion DEGREE ATTENDING PHYSICIAN 224. ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	IN CER	YES, WEF TIFYING YES 8 PART 1 0	RE FINDING CAUSES OUNTY STORY OUNTY STOR	STATE STATE COUSES STOTED	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



FOR - STATE

REGISTRAR

	STATE	OF	MA	RYI	Al
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE SCENTIFICATE OF DEATH

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REG. NO

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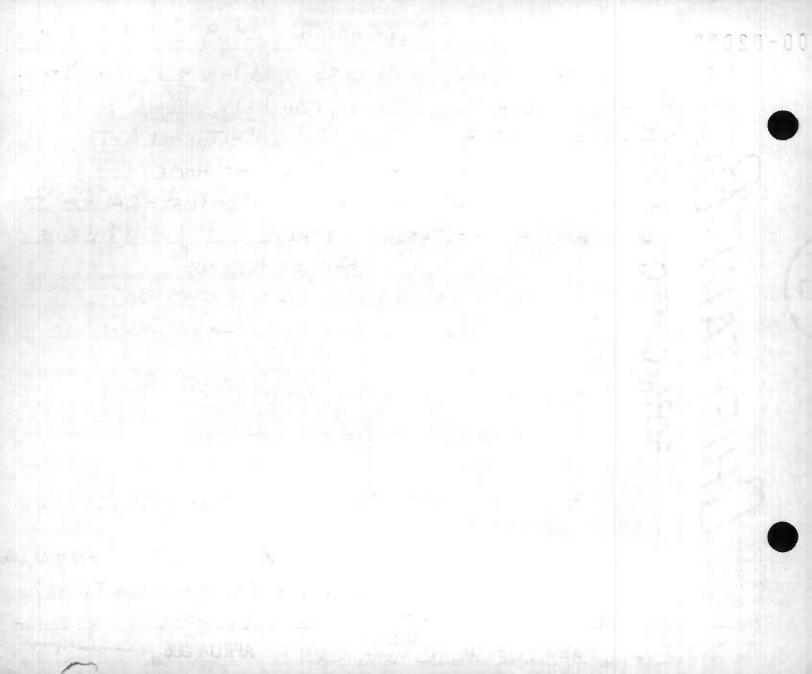
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYP)	Baby	Girl		WAU	UL	MARCH 11	1986		5:20 A
3 SE	X	4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF (UNDER I YEAR	IF UNDER 24 HRS
1	FEMALE	BLAC	K	03	/10/1986 YEAR		YRS	DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	1.11	FDEATH	
	MARYLAND	US	Α	WIDOWE	D NEVER MARRIED	BALTIMORE	CITY	SL TE	M
-	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	12b. KIND O	OF BUSINESS OR
1	BALTIMORE		HOPKIN		SPITAL	(TYPE OF WORK FOR MOST OF	FWORKING LIFE)	INDUSTRY	
	AL RESIDENCE (IF NURSING HE	ME OR OTHER INSTITUTION			A 124 IN ICIDE CITY A INAUTOS	LIA CERTET APPREC	710 0005		
		.G.	FORESTVI		13d INSIDE CITY LIMITS? YES NO	3339 WALTE		20747	7
	ATHER'S NAME			ДДД	15 MOTHER'S MAIDEN NA	WE	K DIME	20141	
)	FIRST	WIDDLE	LAST		AMANDA	MIDDLE	WAI	LAS	î
160.	WAS DECEASED EVER IN U.S	ARMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		711	
1	YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES			AMANDA WA	III	ADAT	717	
_					AMANDA WA	.UL	ABOV		MATE INTERVAL
	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er anly ane cause per AUSED BY			IPATORY ADI			BETWEEN	ONSET AND DEATH
	IMME	DIATE CAUSE (a)	CHEVIC	DEED P	TRATORY ADI	JEST		-	1.00
		DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if any, which			Hypo	PLASTIC LU	NGS		779	THE RESERVE
	gove rise to immediat cause (a), stating th		R AS A CONSEQUE	NCE OF				196	
	underlying couse las	1 (3)	(PROB	ABLE) POTTER'S	YNDIZOME			
	PART 2 OTHER SIGNIFICA	INT CONDITIONS CO			NOT RELATED TO THE TERM		DITION GIVEN	IN PART 10	0
NO									
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YES, W		
Ę	1					YES NOD	IN CERTIFYIN	IG CAUSES	OF DEATH?
ERI	210. ACCIDENT WAS UNDERLYIN	G 7 21b. TIME C	F INJURY		21c. HOW INJURY OCCURE			LORPART 21	
	OR CONTRIBUTING CAUSE	A DEATH	M. MONTH DA	YEAR					
S	(IF EITHER NOTIFY MEDICAL EXA		M.	19	ALL LOCATION				
MEDICAL	214 INJURY OCCURRED	21e PLACE	REET, FACTORY, OFFICE, F.	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	WHILE NOT WHILE AT WORK								18.75
	220 I certify that (I) (this I	9 / 4 .			3/11 19 86	10 3204	M 3/4 19.	86	that (It (we) last
	saw the deceased aliv above, (I) (we (did) d	e an 3/1/	after death.	86 . 01	nd that in (my) (our) opinion i	death occurred on the do	ite and hour ai	nd from the	causes stated
	226. SIGNATURE			9 10 1	DEGREE	1-12	1 10 10	22c DATE	SIGNED
	1 S. Lhune	w W			ATTENDING PHYSICIAN	MEDICAL STAF		3/	SIGNED 11/86
	22d. PHYSICIAN'S NAME	TH CRPRINT)			22e ADDRESS	J DIRECTOR [] THISIC	TAIL A		-
	STEPHEN	V HUNG	ER MI	0	JOHNS H	OPKINS HO	SPITA	_	
	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION			
	CREMATION		13/86	JH	н	BALTIMORE		YINUO	STATE
<u> </u>	DICEMENT FOR	31	13/00	J 11	Tor. n. v	DWPITINOKE	, FID.		

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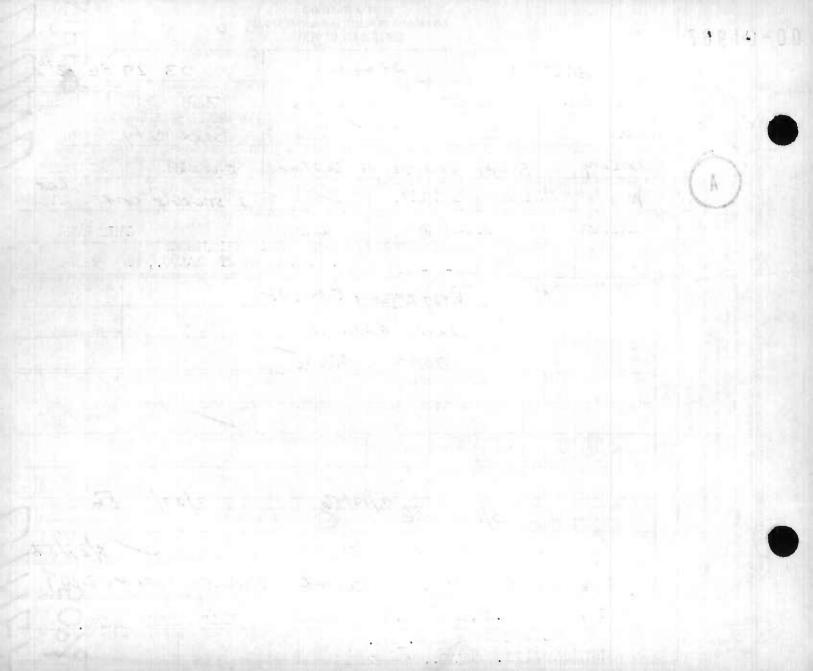
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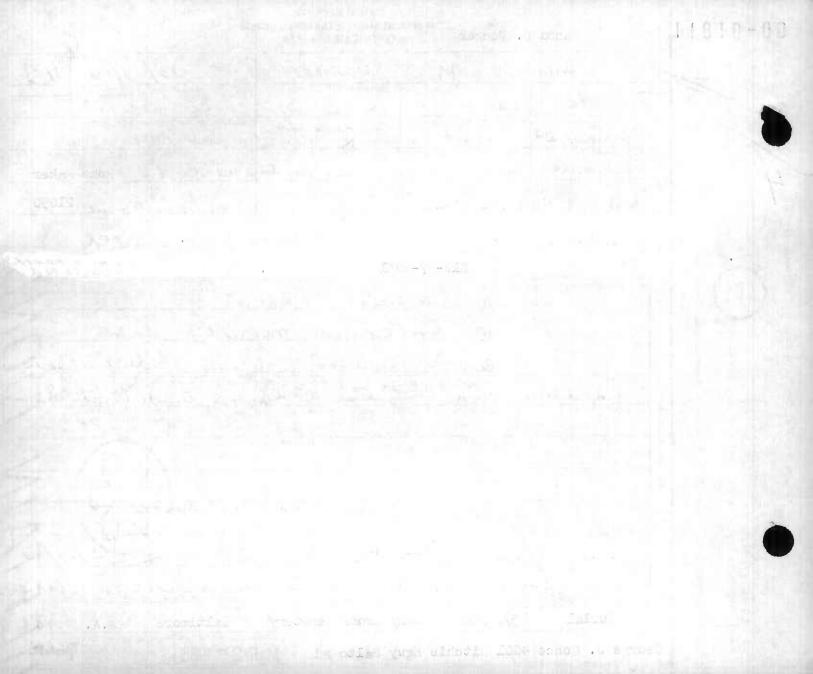
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25 Xn		CEASED NAME OR PRINT)	FIRST RETC	HEN	MIDDLE	W	EIN	ISTUCK	2a. DATE C			DAY YEAR	10	Z A M
od of a	3. SE	× CEMAL		RACE	HITE	5. DA	TE OF	BIRTH 14 DAY 15 SEAR	6. AGE (IN	YEARS LAST BIR	THDAY)	MONTHS D		UNDER 24 HRS DURS MIN.
THE RE		ARYLAND	DREIGN 71	USA	WHAT COUN	MAI	RRIED	NEVER MARRIED DIVORCED	9. BALTIM	Sald	Cut	OF DEAT	н	MD.
1	10.C	act City	TH I		CH FACILITY, GIVE			F Backmere	ATYRE OF WO	OCCUPATION	E WOOK INC I	FE) 12b. KIN INDUS A	T HC	OME
	130	AL RESIDENCE (IF NURSIF	IS HOME OR O	THER INSTITUTION		TEMORE		134 INSIDE CITY LIMITS?	13e.STREET	ADDRESS A	ZIP COD	enri	- B	21208
200	14. F	LEONARD	MI	S S	INGEWÄÏ	LD.		BERTHA	ME	WIDDLE		THIE	MÉYE	ER
Popen Cardicol		WAS DECEASED EVER II YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	213-26	SECURITY N	0.	1 STURGIS				MD	2120)8
a physicia onpapers emoval. event, the		18 CAUSE OF DEATH PART I. DEATH WA	I (Enter only AS CAUSED MMEDIATE	BY:	er line for (0), (I		cre	4 FALLRE	-			BETW	PROXIMAT VEEN ONS	E INTERVAL ET AND DEATH
ed by the attending lease remave carbo ial, crematian, ar a ar ather traumotic o		Conditions, if any, gove rise to imm- couse (a), stating underlying couse	ediote the	(b)_ DUE TO, (OR AS A CONS	NG C	2A OF	NCER ARUST						
hen pled to burial	NO	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS C				NOT RELATED TO THE TERM	INAL DISEA	SE OR CON	DITION GIV	VEN IN PAF	₹1 11o	
t permit. I	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONE	DITION FOR W	HICH OPERA	ATION	WAS PERFORMED	200 AUT	OPSY?	IN CERTI	S, WERE FII FYING CAL	JSES OF	
certificate prial-transit tental Hygis tem 18 sho		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA	AUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH	DAY YE	AR	21c. HOW INJURY OCCUR	RED (ENTERN	IATURE OF INJUI				
olth and Me	MEDICAL	21d. INJURY OCCURRI	E		OF INJURY	FFICE, FARM, ETC	1	211 LOCATION STREET		CITY OR TO	wn	COUNT	Y	STATE
for use of the old of Health		22a.1 certify that (1) (saw the decease above, (1) (we) (di	d alive an	3/	26	1906	3// ., and	that in (my) our) apinion	, to	3/2 ed on the do	ote and hou	19 E		t (I) (we) lost ses stated
(AL DIREC detached ate Dept. VT. If Hem		22b. SIGNATURE	rouse	B	ma	14	2	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		221.0	ATE SIG	NED 88
should be det with the State		22d. PHYSICIAN'S NA	ME LIYPE ORF	B.	MARK	5		6014A GREEN	Meden	· Pkuj	Bala	'MO	212	09
≓ 5 3 <u>₹</u>	23a. I	BURIAL, CREMATION, R (SPECIFY) BURIAL			8,1986	BALTI	IMO	METERY OR CREMATORY RE HEBREW	23d. LOC RE	ATION Y OR TOWN ISTERS	STOWN	COUNTY	ro.	STATE
6 50M 4/83 15, 4)		UNERAL DIRECTOR NAME 010 REISTE	SOL I	LEVINSO	ON & BR	QS. IN	IC.		E REC'D. BY		256. REGIST		NATURE	
			W. L. William	1 1111	-UALITY		-/-					-		

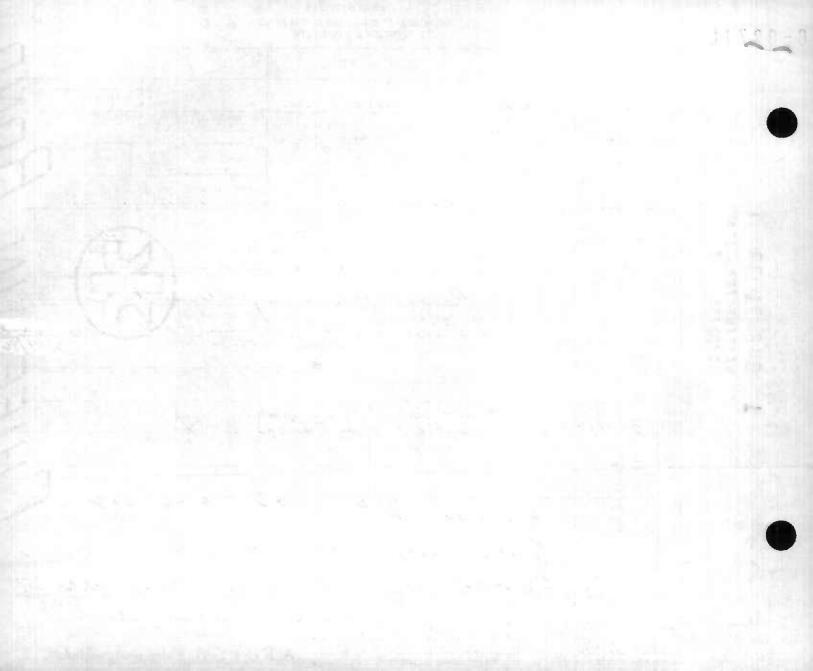


00-01011	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
00-01011	- STATE Anna M. Wenger CERTIFICATE OF DEATH REG. NO.
3 75	1 DECEASED NAME FIRST MIDDLE LAST WORLD TO DATE OF DEATH MONTH DAY YEAR 16 HOUR WORLD WORLD WIND WAR 1/24 MAN 1
13	1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IN UNDER 2 HRS. MONTH DAY YEAR MONTHS DAYS HOURS MIN.
25	70. BIRTHPLACE (STATE OR FOREIGN. 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
1 11 12	MANYLAND WIDOWED DNORCED BOLTIMORE CITY MD. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 110 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
11 19	BALTIMOR South Baltimore Concul Hospital Hospital Hospital Housewife Home Maker
ZONA 1	Md - A.A. Linthicum 13d INSIDE CITY LIMITS? 136 STREET ADDRESS A.A. Linthicum 150 Nobel 85 Music Alford 21090
1 11/12/	FATHER'S NAME FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST AND PAGE 100 T
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
The state of the s	NO 212-07-9651 Margaret M. Schier Same as 13e
4 (B)	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) CARDIAC ARREST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOT TO THE PERSON NOTES	DUE TO, OR AS A CONSEQUENCE OF
Tw. PRE	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Were underlying a cause last B. Were underlying a cause last
RDS, 20 representation pile representation pil	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO
L RECO	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WELLE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
OF VITA	716 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
OF PHYSIC OTHER CONTROL OF STATE BENEVIA STATE BENEVIA STATE OF THE PHYSIC STATE OF TH	IF EITHER NOTIFY MEDICAL EXAMINER P.M. 19
D SA AF	220 1 certify that (1) (this hospital) attended the deceased fram Much 14, 1986, to Mark 24, 1986, that (1) (we) last
RECTO	saw the deceased alive an Mash 19 4 19 4 , and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGN TURE
A PALE DI PA	Clan Man Marting M) ATTENDING MEDICAL STAFF 3/24/86
D HOSP to Hove O Flow hould be with the S	ANA MARIA MARINEZ MO 3001 S. HANGVER STREET, BALTO, MO 212
BP	230. BURIAL, CREMATION, REMOVAL 23b DATE 3/26/86 23t NAME OF CEMETERY OR CREMATORY Bullian COUNTY Baltimore A.A. Md
DHMH - 16 50M I/B1 (VRA 15, 4)	George J. Gonce 4001 Ritchie Hgwy Balto Md MAR 2 7 1086 Mila Skinder Anders



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		CEASED NAME FIRST OR PRINT)		MIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY		26. HOUR
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		RTH CAROLINA	U.	SA	WIDOWE		BALTIMORE	CITY		MD.
1 11 1/2	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
5 1 11 4/6	S	ALTIMORE	SINI			TIMORE	POSTAL CL			AL SYSTEM
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01 241 3		BURIAL, CREMATION, REMOVAL	. 236 DATE	23c	NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION			
BP		BURIAL	3/20/8	GAI	RRISON	FOREST VET	CEM OWIN	GS MILI	S, BA	LTO., MD.
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR SOL 1	LEVINSON	N & BROS.		25a.	DATE REC'D. BY REGISTRAL	256 REGISTRA	AR'S SIGNA	TURE
(VRA 15, 4)	60	10 REISTERSTOWN	N RD. BA	LTO., MD	. (212	215)	MAR 2 4 1986	- Filian	Davidson	-Bondelin



McCully Funeral Home, 130 E. Fort Ave.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

4/2/86 Baltimore Cem. Burial 24 FUNERAL DIRECTOR Wm . C. March F/H 1101 ADES North Ave.

Baltimore MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

- wardon-hande 10

YES [

COUNTY

26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

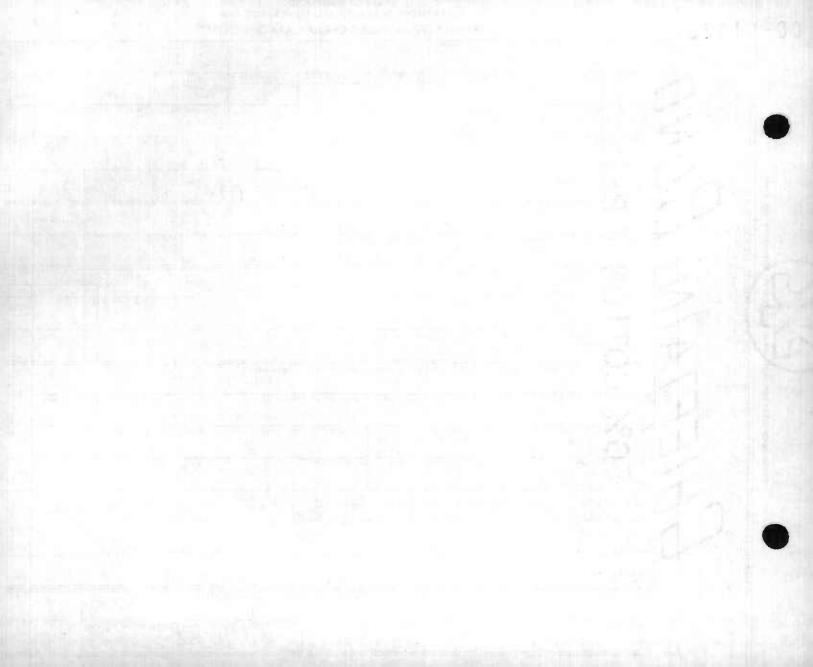
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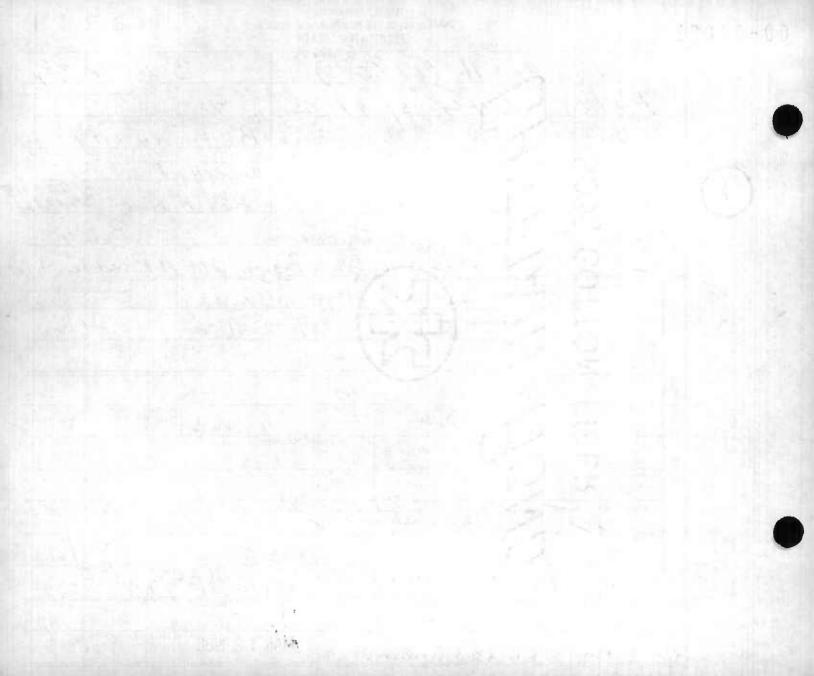
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	0 0 0 0 -	16a. V	AS DECEASE	DEVER IN U.S. AR		16b. SOC	IAL SECURIT	Y NO.	17. INFORM				ADDRE	ESS		212	17
	GES STORY	(Y	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	214	14 50	165	Mogl	YNETT	5	1130	7427	the last	DEM	ir Aug	
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	A HENOTER O	10		IMMEDIA	TE CAUSE (o)	46 4 601			ary II.	ILOHBO	CHIOC	113111			-		
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	ND A DE	13	1		(c)												
	D 2000年4	130	PART 2 DINER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL OISEAS	E OR CONDITIO	N GIVEN IN PAR	Tla						
	JUD BE ENDING F MEDICAL CREM	NO.	Нуре	ertensive	Cardiova	scula	r Dise	ase									
	HE AND USED OF HE RIAL CONTROL	18	19a. DATE OF	OPERATION	196. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?					2	AUTOPS	(3
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOESE OF SECURE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE OT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURING.	100	AT WORK	AT WORK					EF)								
	A H S S H S		22a. 1 certi	fy that I taak charg	e of the rendoms des	cribed abo	, hild on	Autap	sy X	Inspection	L.,	Inquiry		and in m	y apınıar	1	
	MIN AND MIN AN		death result	ed fram: Nam	of county X	Acciden	Su Su	icide 🔲	, Hamic	cide .	Undete	rmined m	anner L	١.			
	WAR WAR		ACTUAL	1	1/1					SPECIFY)							
	A 유 스 독 분		ACTUAL SIGNATURE		XU		100	M	.D. ASS	sistan	t MEDI	CAL EXAM	AINER	SIC	NTE GNED	3/7/8	36
	NER SET		EXAMINER'S	NAME													
	A D W B W E		(TYPE OR PRI	NT) Gr	egory R.	Kauff	man, M	.D.	ADDRESS_	1	11 P	enn S	St.				
	524548 _	23a.B	URIAL, CREMA	TION, REMOVAL 2			IAME OF CE				23d. LOC	CATION			COUNTY		TATE
07/	84 BP	1	BURI	AL	3-11-86	A.	RBUTUS	ME	m PK	100	HR	BUTU	IS To	BALTE			
25N	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24 F	JNERAL DIREC	TOR						25a. DATE R	EC'D. BY	RECIPIE			SSIGN		
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(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT		ENE 🖔 💍	10.	8 4	1 4
		CEASED NAME FIRST	M	IDDLE		AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE	CHARLE	CA		LUIL	LIAMS	120	31718	16		10 32Am
	3. SE		4 RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
-		M ale	Whit		3	12	24 24	61	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN COUNTRY Land		S.A.	MARRIE WIDOWE	D NEVER MARR	HED 1	Baltimore City of Baltimo			
		TY OR TOWN OF DEATH Baltimore	11. NAME OF H	OSPITAL, NURSING	G HOME C	PROTHER INSTITUT	ION	120 USUAL OCCUPAT	ION	12h KIND O	of BUSINESS OR Cruction
2	USU/ 130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LI YES X) NO	MITS?	722 East			21230
	14 FA	ATHER'S NAME Henry	WIDDIE	William	s	15 MOTHER'S MAI		E		Bei	ľı
		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	10.00	Church	Apll Mo	d 21623	3
		Yes WW		217-18-0	694	Charle	s A.	Williams	Jr Rt /	#1 Box	112B
		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)	Pres 1	aile	ine				BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	(b)	AS A CONSEQUE	g C NCE OF	ancer			Š	200	
	ATION	PART 2 OTHER SIGNIFICANT (NOT RELATED TO T		VAL DISEASE OR CON		EN IN PART 10	
	CERTIFICATION			ION FOR WITHER	OFERATIO	N WAS PERFORMED	46	YES NO		YING CAUSES	
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH DA	Y YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	. 143
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	F INJURY ET, FACTORY OFFICE, FA	100000	211 LOCATION STREET	Y.	CITY OR TO	IWN .	COUNTY	STATE
		220 I certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no	tal) ottended the	deceased from	, ar	6 86 , 19 ad that in (my) (aur)	apinian de	, to	ote and hour		that (1) (we) last couses stated
		22b. SIGNATURE	cloth				IDING ICIAN [MEDICAL STA	FF IAN	22c. DATE	FIST
		220 PHYSICIAN'S NAME (TYPE OF	A C+	ISIA				40 EAST	ERN	ANE	
	(Burial, CREMATION, REMOVAL SPECIFY) Burial	3/10/8	(edar	Hill Ceme	etery	Baltime		A.A.	s Ma
	Ge Ge	orge J. Gonce	1001 Rit	chie Hgw	y Bal	to Md	250 DATE	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATI	URE

DHMH - 16 50M 1/81 (VRA 15, 4)

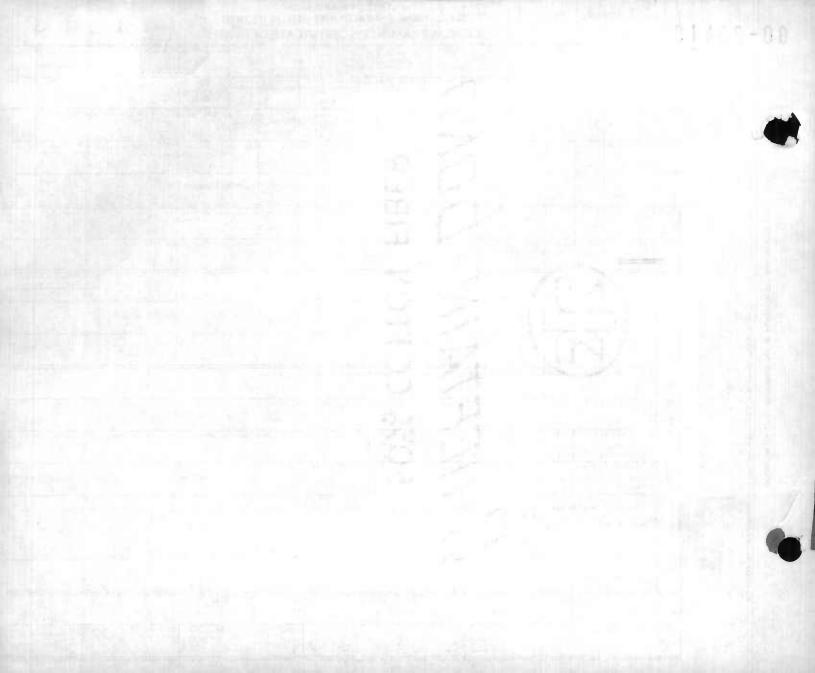
IMPORTANT: If Item 21 is morked or Item 18 shows ony

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	400000	3. SEX		4 RACE		TE OF BIRTH	YEAR	6. AGE (IN YEA	ARS IF UN	DER 1 YR.	IF UNDER 2		DATE	MON			2d. HOUR
	E SEC	M	ale	BLack	1	The second	22	63 YR	Month	DAYS	HOURS		NOUNCED DEAD		3 12	3 1986	8:101
44	多元語り	70 BI	RTHPLACE (ST			TIZEN OF WH				ED XXNE	VER MARRIE	9 BA	LTIMORE CI	TY OR CO			
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	の音が高い	10. CI	TY OR TOWN	OF DEATH	11. N/		PITAL, NI	URSING HOME	, OR OTH	ER INSTITU	TION	12a USUAL C	CCUPATION OF WORKING LIFE	TYPE OF WO	ORK 12b K	CIND OF BU	
	A PROTEIN		Baltimo	re	("			noe Aver	nue				borer			OK IIADOSI	K I
- 5	O SE	USUA 130 S		(IF IN NURSING HOME		INSTITUTION, GIV		E BEFORE ADMISSION	ON)	134. INSIDE C	ITY LIMITS?	13e. STREET A				9.4	61519
212	ANY D AND 31 RETAIN SECOND		aryland				Ba	ltimore		YES X	NO 🗆	5104	Ivanho	e Ave	enue	21212	
WD.	TANKE -		THER'S NAME		MIDDL	E	114	LAST		15. MOTH	R'S MAIDEN		WIDDLE			LAST	
ui RC	A SEE		Dennis			W	illi	ams		MAY	rgaret		11100000		Kel1		
IMO		[1]	ES. NO. OR UNKNO	DEVER IN U.S. A	RMED FO			CIAL SECURITY		17. INFOR	MANT		ADDI	RESS			
BALTIMOR	S AFT GIVE ITH P PAGE IVISIO	G.	nicensus:	Les			21	9-16-54	79	Bess	sie Ha	rvey 5	104 Iv	anhoe	. Ave	nue	
7	283 ≥ 1.0		18 CAUSE O	F DEATH (Enter of	ED BY									.11		APPROXIMAT	
PRESTON ST	24 HOU ITEM 1 IONG PERMI GIENE,		TAKTIDE	IMMEDI	ATE CAU			clerot		rdiov	ascula	ar dise	ease				
ESTO	NO WO		Candialas	ns, if any, whic		DUE TO, OR	AS A CO	NSEQUENCE (OF								
	VITH VCIL NER RAN TAL		gave ris	se ta immediat	te /	(b)											
201 W.	UTED WITHI IN PENCIL EXAMINER IAL-TRANS MENTAL PON, OR REA		lying cau	stating the <u>under</u> se last.	ar-	DUE TO, OR	AS A CO	NSEQUENCE (OF .						2 5 7		
	NO N	E4	BARY & ARMER CH	CHIEFE AND CONOUTION	((c)											
RECORDS	CRTIFICATE SHOULD BE EXECUTED WI TING THE WORD "PENDING" IN PENC BED TO THE CHIEF MEDICAL EXAMIN 3 SHOULD BE USED AS A BURIAL - TA DEPARTMENT OF HEALTH AND MENTAL I PRIOR TO BURIAL, CREMATION, OR	Z	PARI Z DINEK SII	GNIFICANT CONDITION	NS CONTRIBU	JIING IG GEAIN B	BAL NO. KFE	LATEG TO THE TERM	INAL DISEAS	OR CONDITIO	N GIVEN IN PART	1 101					
E E	PEN ME	CERTIFICATION	19a. DATE OF	OPERATION		196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?	*			20.	AUTOPSY	2
OF VITAL	WORD F WORD F E CHIEF BE USED ENT OF HI	4F	ST.		100	234										YES	КХОИ
OF.	THE WENTER	S. S.		L CAUSE WAS		21b. TIME OF HOUR A.M.		H DAY YEAR	21c. H	OW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 C	OR PART 2)		2131
NO	PET OF THE OR TH	3	UNDERLYING CONTRIBUTII	G CAUSE OF	F DEATH	P.M.	MOIVI	19									
DIVISION	ARITING ARDED ARDED GE 3 SI- TE DEP/ 201 PRI	MEDICAL	21d INJURY C		1	21e PLACE C				CATION	- 1-1	CITY	OR TOWN		COUNTY		STATE
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	ATE, T ORW, ORW, IE ST JD, 2		220 certil	ly that I took cho	rgaol the	e remoins desc	cribed ab	ave, held on	Autap	y .	Inspection	X, Inc	quiry .	ond in m	y apinian		
1	NEW CHA		death resulte	ed Iram: No	darden.	N/	Accident	, Sui	cide 🗌	. Homic	ide .	Undetermin	ed monner].			
	WIT WIT				N	V				TITLE (S	PECIFY)						
	A HE HALL		ACTUAL SIGNATURE.	^	9	1000			M	D. ASS	istant	MEDICAL	EXAMINER	D.A SK	ATE GNED	3/14/	/86
	EDIC JIE T JIE T A S MOR MOR	-	EXAMINER'S	NAME O		5 "					222						
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BOGG 4 SHOULD BE PORN TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND; 2		(TYPE OR PRI	VI) Grec				an, M.D.		ADDRESS_		Penn S		Ва.	lto.M	1D.	
	F M C F < C	230.BI	URIAL CREMA	TION, REMOVAL		18/86		NAME OF CEA				23d LOCATI	ON NN		COUNTY		ATE
07/B4 25M	BP		INERAL DIREC	TOR	3/.	10/00		Garriso	וו רטו		250 DATE RE		gs Mil	IS,	'S SIGNIA	Md	
	DHMH - 17 (VR A15 ME (5))			neral Ho	omes	1100 FESS	Fact	North	Avon	10	ין זוי קודו	x 4 .13	00	T. DEAR	SIGINA	- Bartines	a a
	(at Win int (2))		U	41 110	-IIIC 3	1101 [- 436	HOT CIT I	ACIII	4.0							64



	STATE OF MARYLAI
FOR	DEPARTMENT OF HEALTH AND M
STATE	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

6	0	8	2	1	4
REG. NO					

4		REGISTRAR		CERTIN	ICATE OF DEATH	REG. NO		
	I DEC	CEASED NAME Constar	nce "W.	Will	ams	28 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR	
	{ TYPE	ORPRINT) COURS	Dearco	Willia		3/	20/86 300	O M
	3. SE)		1 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 H	HRS
	Fe	male	Caucasian	n MONTH	15/1926	59 YE		AIN.
-			TO CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
3		PA	USA	WIDOWE		Baltimore	City	MD.
	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITA	L, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS	OR
9	1	Baltimore /		maritan E	Iospital	Acct. Exec		t
6		AL RESIDENCE (IF NURSING III) TATE MD W8	other institution give residing the session of the control of the	Y OR TOWN	13d INSIDE CITY LIMITS?	13 STREET ADDRESS & ZIRC	21043 iew Drive	
2	14 FA	THER'S NAME			15 MOTHER'S MAIDEN NAM			_
6	P	atrick	Ma:	lligan	Stella	WIDDLE	Shoemaker	
)		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	21043	
		No	18	8-20-8591	Benjamin W	Villiams 962	6 Long View 1	Dr.
		18 CAUSE OF DEATH (Enter on	v one couse per line for.	iol (b) and ic 1	,		APPROXIMATE INTERVAL BETWEEN ONSE AND DEA	ATH
		PART I. DEATH WAS CAUSED	BY:	spireta	1) ANSIT		12/1ES	
		IMMEDIATI		1	1 110 001		1/	
		Cardinary if any time	DUE TO, OR AS A	CONSEQUENCE OF	1 A-18150	Scholist	monts	
		Conditions, if ony, which gove rise to immediate	165	370111610	1100100			_
	TC:	couse (a), stating the underlying couse last	DUE TO, OR AS A C	CONSEQUENCE OF				
	0.0		(c)					_
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	
	CERTIFICATION	3/10/04	•			Tes Tes Constitution of the Constitution of th	A VEC AVERE EN LO VICE	
	O.	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?)
	RTIF					YES NO	YES NO	
0		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC	ONTH DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	In .	19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU		21E LOCATION	CITY OR TOWN	COUNTY STATE	F
	Z	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTO	ORY, OFFICE FARM, ETC.)	JIKEE			
		220.1 certify that (I) (this hospit	ol) ottended the deceo	sed from	1116/ 19 86	to3/20	1986 that (b) (we)	lost
		sow the deceased alive on.	3/20	1 19 86 05	nd that in (my) (our) opinion o	death occurred on the date and	hour and from the couses stated	d
		obove, (I) (we) (did) (did not 22b SIGNATURE	I view the body offer de		DEGREE		22¢ DATE SIGNED	_
		WALID	JAZIRI	MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/20/0	6
		224. PHYSICIAN'S NAME LTYPE OF			22e ADDRESS			
		WALID	JAZIRI	MD	Good So	maritant	Jospital Ball	eness
-	23a P	BURIAL, CREMATION, REMOVAL		23c NAME OF C		23d LOCATION		
	230 6	Cremation			ity Process	Catonsvill	e. Balto. MD)
		OI CIIIA LI UII	7-21-00	DOCUL.				

DHMH - 16 60M 7/B4 (VRA 15, 4)

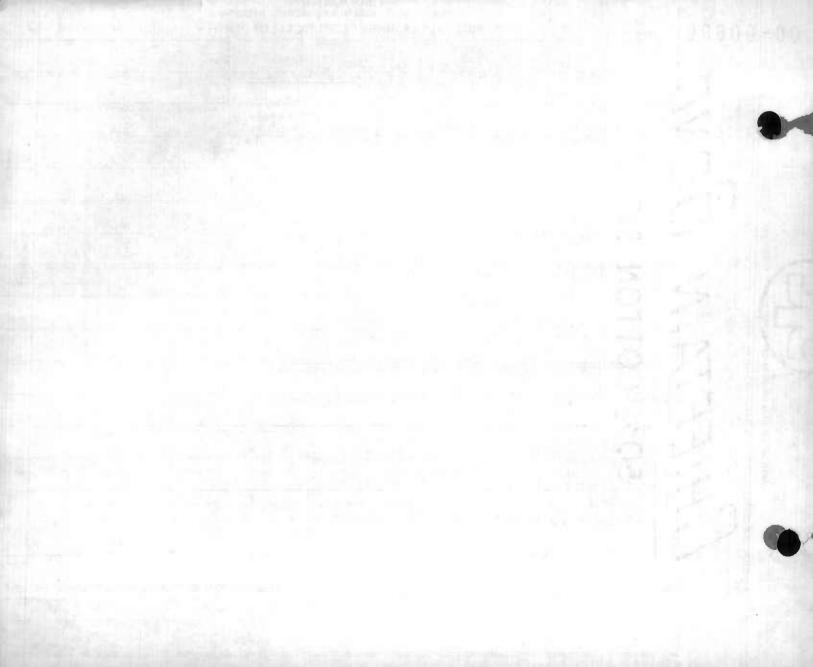
BP.

24 FUNERAL DIRECTOR

Cremation Society of MD, Baltimore MD

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 2 6 1986

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00-	00000		REGISTRAR			MED	ICAL E	XAMIN	ER'S C	ERTIFIC	CATEO	F DEX	TH	REG. N	18. 0	6 1	2	
0.0	00000		CEASED NAME	FIRST			MIDDLE			LAST			20 DATE I	NOWN	MONTH	DAY YE	AR 26. HO	UR
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	東西でも能	3. SE)	-1	¬, ,	S. DATE OF	DAY	YEAR	AGE (IN YE		DER 1 YR.	IF UNDER		2c. DATE	CED	MONTH	DAT 16	AR 2d. HO	UR
	×22583	1~	ALE	Black	2	1	20	66	RS.				DEAD		3-1	10-869	5:0	6P
	後者とる語がつ	70. B	RTHPLACE (STA	TE OR	76. CITIZEN	OF WH	AT COUNT	RY?	8	ED WALE	VER MARRI		9 BALTIM	ORE CITY	OR COUN	NTY OF DEATH	1	
	出資品を表		CRGIN	in		1.	5.		WIDOW		DIVORCE	-	D-1+	imoro	City			
	12 m 3 -		TY OR FOWN O		11 NIAME	OF HOSE	DITAL MILID	SING HOME					AL OCCUP		City		RIICINIECC	MD.
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21201	A SE	V	ARULAN		1	-		ORTOWN	-	YES Y	NO [211	ET ADDRE	Jack	110.01	T. AVE	4	
0.7	F 26.00		THER'S NAME				0-101	7.0102	<u> </u>		ER'S MAIDE	1		11000	41131			=
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)RE	A SERVE	5	EKNE	-57	W	1111	AMS			/	100	A	()-	и	min	non	
W	N S O P A		VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARM	MED FORCE:		166 SOCI	AL SECURIT	Y NO.	17. INFOR	MANT	-	-	ADDRES		-1.	21210	P
BALTIMORE,	JRS AFTER I B. GIVE PAC WITH FOR T. PAGES DIVISION			- (087	7-12-6	1746	CON	INIE	- h	1,111	AMS	211	34/NA	LURST	
9	URS AF 18. GIVI WITH II. PAG	F	18. CAUSE OF	DEATH (Enter only	V one course	per line	for (a) (b)	and (e)				-				APPROXI	MATE INTERVAL	=
7.			PARTIDEA	TH WAS CAUSED	BY:											BETWEENO	INSET AND DEA	TH
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EST	ZZAFZO		Law roll		DUE	10, OR /	AS A CONS	SEQUENCE	OF.									
F.	A AN			to immediate) (b)						Y						
` ≥	SARA		couse (o) s	stoting the under-			AS A CONS	EQUENCE	OF									
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s offer of the full with	Baltimore	e	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 4603 Schen	ley Road		120 USUAL OCCUPA (TYPE OF WORK FOR MOS Homemake:	T OF WORKING LIFE) IN	NO KIND OF BUSINESS OR NOUSTRY
thin 24 haurs.	DSUAL RESIDENCE (# 130. STATE Maryland	NURSING HOME OR			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	S / ZIP CODE chenley R	oad 21210
the ely 2 sh	14 FATHER'S NAME		MIDDLE LA	ST	15. MOTHER'S MAIDEN I	NAME		LAST
I Lon	Bernare			epe	Anne		2000	Bible
100	160 WAS DECEASED E		E WAR OR DATES)	SECURITY NO.	M.E.William	4603 Sche	nley Road	21210
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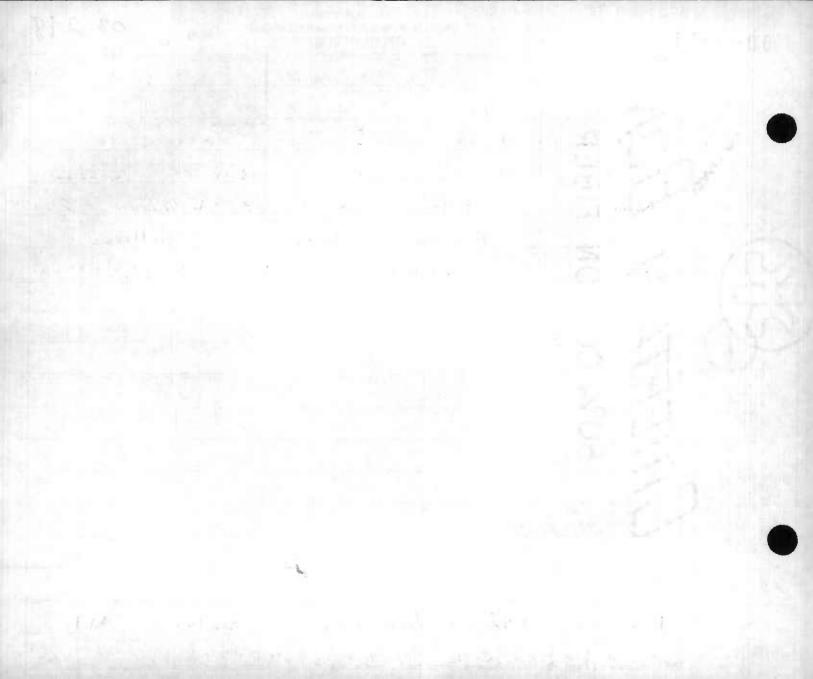
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	y	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
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1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		R OTHER INSTITUTION	12a USUAL OCCUPATIO		OR
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5	137	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTION	IC TO DEATH BUT	NOT RELATED TO THE TERM	MAI DISEASE OR COND	ITION CIVEN IN PART 1:-	=
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7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED	
9	F	200				YES T NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)	
*	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR			_
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	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	21f LOCATION			
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		sow the deceased alive an above, (I) [we) (did) (did no		_19_ , or	d that in (my) (our) apinion o	death accurred on the dat	e and hour and from the causes stated	-
2		226. SIGNATURE	0100	4	DEGREE		22c. DATE SIGNED	2/
		Cecu	yene	10	ATTENDING PHYSICIAN	MEDICAL STAFF		4
		22d. PHYSICIAN'S NAME (TYPE O	RPRINTI	1 1	220 ADDRESS	VT 11-0015	TOI CALTONA	at
)		C.C. ONt	JUNE	MD	PROVIDEN	1 HOSP(1	ALTIMOX	KF
	230 B	SURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		_
	B	URTAL	4-2-86	MOUN		LANSDOW	NE MARYLAN	ID
/B4	24 FL	JNERAL DIRECTOR			25a. DATE	E REC'D. BY REGISTRAR 2	Sh, REGISTRARIS SIGNAMAN	

DHMH - 16 60M 7/B (VRA 15, 4)

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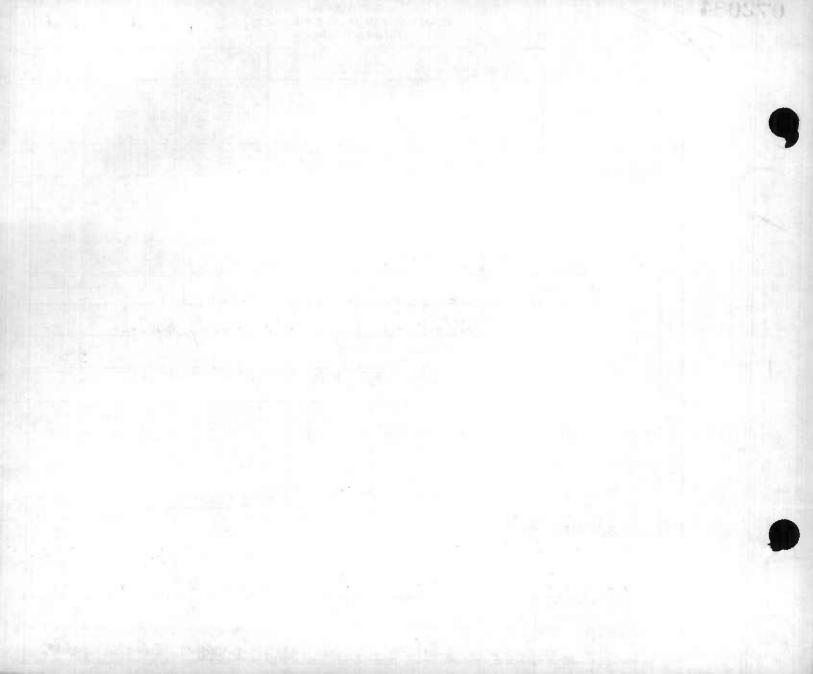


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te by		18 CAUSE OF DEATH (Enter only						APPROXIMATE INTERVAL
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Spite Spite CTO for of t		saw the deceosed alive an abave, (1) (we) (did) (did not	view the body ofter death.	19, or	nd that in (my) (our) opinian d	leath occurred on the da	e and hour and fro	om the couses stoted
hoo hoo hoo hed hed ept.	3	226. SIGNATURE			DEGREE		220	DATE SIGNED
the Date of the Da		tenne)-	DA. M.	,	ATTENDING PHYSICIAN	MEDICAL STAF	AND	3 30 86
O HOSPITA etoined by TO FUNERA should be de		224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS			^
HOSI Ined Uld b		Jana S. Die	igh, M.D.		2502 W. K.	igers Are.	Ralto	wl. 21215
Show with	22. 1	LIDIAL CREMATION RELIGION		22. NAME OF C			0.00/0.	
		SURIAL, CREMATION, REMOVAL	23b DATE 1/2/06		EMETERY OR CREMATORY	23d LOCATION	COUNT	Y AA J STATE
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DHMH - 16 60M 7/84		UNERAL DIRECTOR	4404 - ADD	RESS		REC'D. BY REGISTRAR 2		h an
(VRA 15. 4)	M.	arch Funeral Hom	nes 1101 East	North A	venue	D 0 2 1006	- when wands	ion-fandelle

072084 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR THRE IDE REWATE 6:04a BARKSDALF 86 ROLAND WILLIAMS 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH YEAR BLACK MALE 1945 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED BALTIMORE CITY MARYLAND WIDOWED 126. KIND OF BUSINESS OR IB CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY VAMC BALTIMORE, MARYLAND 21218 PHYSICIAN MEDICAL BALTIMORE SUAL RESIDENCE (IF NURSING 3522 Hilton Road COUNTY 13e STREET ADDRESS / ZIP CODI 13d INSIDE CITY LIMITS? BALTIMORE, MARYLAND MARYL AND BALT IMORE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Roland B. Williams Anethia Barksdale 3522 Hilton Road Baltimore, Md. 21215 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 212 46 7594 Mr. & Mrs. Roland B. Williams No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 270 I certify that x (this hospital) attended the deceased from MARCH 5 .19_86_, and that in (nX) (aur) apinion death accurred an the date and hour and from the causes stated saw the deceased olive on MADCH above, (I) (we) (dydylgid not) view the body 22c DATE SIGNE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY ENTOMBMENT 3/13/1986 Druid Ridge Cemetery Baltimore, Maryland 24 NURRERECO Sons Funeral Home, Inc. 25a, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 was alterialism fonder (VRA 15, 4)



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	TREE TREE	3. SE	X	4 RACE	5. DATI	E OF BIRTH		6 AGE (IN YEA	ARS IF UN	DER 1 YR. IF UN	NDER 24 HR			MOI	NTH DA		24 HOUR
	ECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET	1		R	MONTH	H DAY	YEAR	LAST BIRTHDA	Morali	S DAYS HOU	RS MIN.	PRONO			3-3	1986	12:20
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	995		MARYLAND			U.S.A. WIDOWED DIVORCED Baltimore Ci							itv.		AAD		
	お事業の大	10 C	O CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK)								ORK 12b. 1	KIND OF BU		
	AND STORIER AND STORIER RETAIN PAGE 5 HOURD BE FILED. RECORDS, 2017W		Baltimore			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hospital - DOA N/A									OK INDUST	KT	
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	AND THE AND TH			fy that. I taak cha		KFQr/	10	ve, held an	Autaps		ection XX			and in m	ny apinian	•	
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	-	EXAMINER'S		nnis	F. Smy	th,	M.D.		ADDRESS_11	l Peni	n St.	Balt	.0.,	Md.	2120	1
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		URIAL, CREMA	TION, REMOVAL	236 DATE		23c N	NAME OF CEM		RCREMATORY	[23d.	LOCATION					
07/84	BP	E	URTAL		3-	-8-86		CEDAR				ITY OR TOWN	ARUND	DEI	MAR	RYLAND)
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00-00843		FOR - STATE REGISTRAR		DEPARTMENT OF CERTI	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO		2			
o 6.4		CEASED NAME FIRST	WIDDLE		LAST	To brite or bernin		2b. HOUR			
nay be page 3	-		RMAN		ILLIAMS		3 10 86				
offer. A	3. SE		4 RACE	MONI	OF BIRTH 17 21	6. AGE (IN YEARS LAST BIRT		HOURS MIN.			
direct durect ours	70 B	Male IRTHPLACE (STATE OR FOREIGN	Black 75 CITIZEN OF WHAT OF	6	11 41	64	YRS R COUNTY OF DEATH				
orth.		N. Carolina	U.S.	MARRII	ED NEVER MARRIED						
er de fur mithir	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL NURSING HOME	OR OTHER INSTITUTION	Balto. City M 126 USUAL OCCUPATION 126 KIND OF BUSINESS OF					
by the		Balto.	5002 Denm	ore Ave.		Attendant	Gas St	ation			
ND 2120 24 hours 24 hours build be file most be n	USU 130.		DUNTY 13c_CIT	TY OR TOWN	1134 INSIDE CUT LIMITS?	13e SIREET ADDRESS	ore Ave. 212	15			
E SE		Md.	Ba	alto.	YES NO		ore Ave. 212.	15			
with with No.	14 F.	ATHER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST				
	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SC	CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS904 Corsuch	Ave.			
		YES, NO OR UNKNOWN) (IF YES	243	-12-7847	Ms. Cass	andra Lewis	Balto., Md	•			
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only one cause per line far	(a), (b), and (c)	21		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH			
田一品	1		DIATE CAUSE (a)	eifferte/14	very arrest						
or the death or remotion, or the death of common or comm	1		Charles and a second	CONSEQUENCE OF	# 1 70.1	en Econ	a F				
	1	Conditions, if ony, which gove rise to immediate									
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ires that the death and an all and a second a second and a second a		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIB			MINAL DISEASE OR CONE	OITION GIVEN IN PART 110				
low requirements been seemed the prior to	ATION	190 DATE OF OPERATION	TIBL CONDITION S	OR WHICH OPERATION	ANI WAS DEDECTOR	20a AUTOPSY?	206 IF YES, WERE FINDING	20,000			
	CERTIFICAT	DATE OF OPERATION	140 CONDITION A	OR WHICH OPERATIO	IN WAS PERFORMED		IN CERTIFYING CAUSES C	OF DEATH?			
DIVISION OF VITAL ONG PHYSICIAN: The ontending physician offer this certificate his of the buriolitranis is the nod Mental Hygien orked or trem 18 show	ER -	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	YES TORPART 21	NO 🗌			
A OF VII		OR CONTRIBUTING CAUSE OF		ONTH DAY YEAR							
HYSI nding	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	JRY	211. LOCATION	CITY OR TOV	VN COUNTY	STATE			
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O O O E		22a 1 certify that (1) (this ha				, to	, 19, th	nat (1) (we) last			
R ATTENIA hospital RECTOR: ned for us ppt of Her fem 21 is in		saw the deceased olive abave, (1) (we) (did) (did	not view the body ofter de	19 86 , a	nd that in (my) (aur) apinion	death occurred on the da	te and haur and from the co	uses stated			
to OR A A to Check the		226. SIGNATURE	· R	0	DEGREE ATTENDING	MEDICAL STAF	22c. DATE SI	IGNED			
OSPITAL ed by th UNERAL d be dere he State RTANT: I		201 BUYER JANE NAME	4/2	7	PHYSICIAN	MEDICAL STAF	AND SIE	86			
H H H H O		220 PHYSICIAN'S NAME (TY	0		27e ADDRESS						
5 5 5 3 X	23a l	SURTAL, CREMATION, REMOV		73c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION					
BP		Removal	3/10/86			CIT OKTOWN	COUNTY	STATE			
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	JNERAL DIRECTOR NAME Anato	omy Board	ADDRESS Bal	to., Md. 1250 DA	TE REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGNATUI	RE .			

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1-	FOR STATE REGISTRAR	C		EALTH AND MENTA		REG. NO	U	0 %	lan	0			
		CEASED NAME FIRST	MIDDLE	ı	ASÍ	. 20		AONTH	DAY YEAR	26	HOUR			
	(I TPE	WALI	ACE	TAT	TLLTAMS		0	3 -	6-80	9	6:45 AM			
	3 SEX		4 RACE	5. DATE C	F BIRTH	6.	AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER I VEAR IN MONING DATA IN MONING DATA IN INDUSTRY ITY OF DEATH I TY I 12b. KIND OF B INDUSTRY DE AVENUE 2 ENSON LAST ENSON APPROXIMA BATHWEEN ON S 3 / 6 2 / / - COUNTY 19 3 6 the out ond from the count ond from the count of the count of the count ond from the count on the coun	UNDER 24 HRS				
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7	0	OUNTRY	76 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIE	D 0 1	BALTIMORE CITY OR	COUNT	Y OF DEATH					
7		outh Carolina	U.S.A.	WIDOWE			EALTIMOR				MD.			
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	SIVE STREET ADDRESS)			type of work for most of Laborer				usiness or			
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	II4 FA	THER'S NAME	MIDDLE	IAST	15 MOTHER'S MAIDI	ENNAME	MIDDLE			LAST				
		Talmadge		liams	Mary				nson					
	16a V	(AS DECEASED EVER IN U.S. AR.	E WAR OR DATES	IAL SECURITY NO.	17 INFORMANT		ADDRES							
1		NO	25.	1-14-6959	HOIM	es 1625 Ar								
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per line for to	1, (b1, and 1c		-	WE - 58.00		IF UNDER LYEAR IS UNITY OF DEATH CITY CODE PAPPROXIMATE IN AST Benson INDUSTRY CODE PAPPROXIMATE IN AST BETWEEN IN PART 1:0 FYES, WERE FINDINGS UNITY IN CAUSES OF DE YES NO NO NO IN PART 1:0 FYES WERE FINDINGS UNITY IN COUNTY COUNTY 19 36 that (I de sure of the couses of the couse of the couses of the couse of the couses of the couses of the couse	,				
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	-1	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying cause last												
9	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Congestive Heart Failure Right Bundle Branch Block												
	5	Congestive He												
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATION	N WAS PERFORMED		YES NO	IN CERTI	FYING CAUS	SES OF				
c	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	THE DAY WEAR	216 HOW INJURY C	OCCURRED	(ENTERNATURE OF INJURY	IN ITEM 18	PART I OR PART	21				
7		OR CONTRIBUTING CAUSE OF DEA	OH.	TH DAY YEAR										
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR			CITY OR TOWN COUNTY STATE								
	Z	WHILE NOT WHILE AT WORK AT WORK									STATE			
		220 I certify that (I) (this haspi saw the deceased alive on	316	1986	, , , ,		th occurred on the dat	e and ha	. /		t (I) (we) lost			
		above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE									22c DATE SIGNED			
		Valerie	Valerie J. Barnwell M.D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								3/4/84			
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			-						
		VALERIE J.	BARNWELL		. UNION	MEMO	RIAL HOS	PITA	AL					
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMAT		23d LOCATION		COUNTY		STATE			
		BURIAL	3/11/86	Baltimo	re Cemeter	ry	Baltimo	re,		SQ	Md.			

DHMH - 16 60M 7/84 (VRA 15, 4)

March Funeral Homes 1101 East North Avenue

MAR 1 0 1986 Julia Laurdon Manda

FOR - STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

3-11-86 & AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

26 HOUR

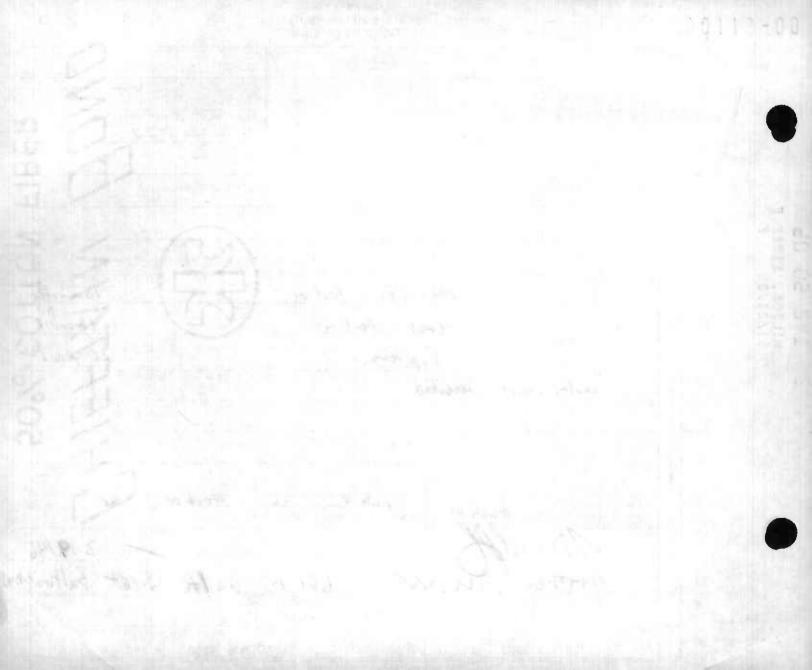
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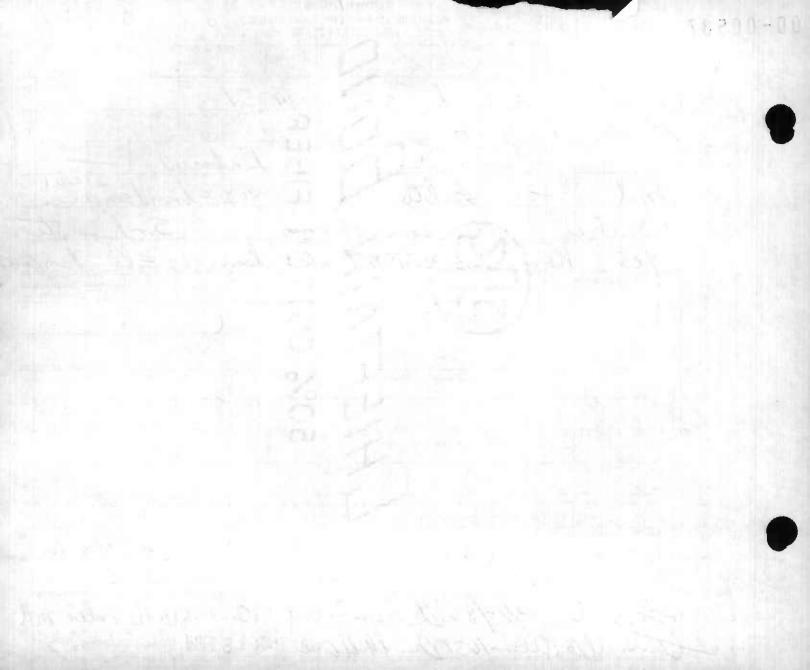
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EFORE ADMISSION)		1		
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IICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE	FINIDINGS LISED
_				AUSES OF DEATH?
Hear	is Tube Insertion	1.20	YES 🗌	NO [
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DAY YEAR				
17	211 LOCATION			
ICE FARM ETC)	STREET	CITY OR TO	WN COU	NTY STATE
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9 86 .01	nd that in (my) (our) opinion	deoth occurred on the do	te and hour and fro	om the couses stoted
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	ATTENDING	MEDICAL STAF		3-11-86
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) SARAH F WILSON 19. MARCH 1986 3:10 3. SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR 09 FEmale Black BIRTHPLACE Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY BALTIMORE Maryland CITY WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY THE JOHNS HOPKINS HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE DOMESTIC USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 422 N. Chester Street 13a. STATE 136 COUNTY 13c CITY OR TOWN Baltimore Maryland YES XX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE James Prior ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Unknown 217-18-2675 Sadie Lee WEsley 422 N. Chester Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 0000 10 minutes IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [CERT 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDIC! 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.) CITY OF TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from much 19 CL, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an_ obove, (1) (we) (did) (did not view the bod) weath 22b SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL STATE 3/24/86 Mount Zion Cemetery Lansdowne Md 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 March Funeral Homes 1101 East North Avenue (VRA 15, 4)





-00213	1.	FOR - STATE	DE	PARTMENT OF I	E OF MARTLAND IEALTH AND MENTAL HY ICATE OF DEATH		8 2 2 8
1.001	LDE	REGISTRAR CEASED NAME SHIST	WIDDLE		124	REG. NO.	DAY YEAR IN HOUR
5 t t		E OP SPINT)			WINDER	2/	10/96 11451
pog pog	3 SE		4 RACE	S. DATE		6 AGE (IN YEARS LAST DIRTHDAY)	IF UNDER 1 YEAR 1 IF UNDER 24 HR
ge 4 n		Male_	White .	Feb	. 22, 1921	65 YRS	MONTHS DAYS HOURS MIN
P 2 8	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
to a series	L	VA	USA	WIDOW		Baltimore C	ity
offer of	Mi. C	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV GOOD Sam	E STREET ADDRESS]		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L SUPERVISOR	12b. KIND OF BUSINESS C INDUSTRY Bendix
10 SA 18	130 130	AL RESIDENCE (IF NURSING HOME COSTATE	OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	Lin expert Apperes / Zip con	
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il 25	119	ATHER'S NAME	MIDDLE	157	15 MOTHER'S MAIDEN NA	ME MIDDLE	t AST
11/1/	V	Joel	Winder	(3)	Emma	MIDDLE	LASI
P K B		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	
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ote S		18. CAUSE OF DEATH (Enter of	anly one couse per line for (a),				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
H LEE		PART I. DEATH WAS CAUS	ATE CAUSE (a)	neumon	ia		
equires that the dea signed by the atter Then please remove. to buriol, cremotion rijury, or other troum	NO	gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		Unknow	In Ideology	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
ion. hos been t permit. tene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
hysici Threate tronsid Hygu	6	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
Sicial physician	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19			
PHY tendur the bund W	WED	21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING ster of the orke		AT WORK AT WORK		-	Yes a	5 3/10	AL.
END OF S		27s.1 certify that (I) (this hasp now the deceased alive or	7/1/		19_00	2 10 3/ /0	19 50, that (I) (we) I
AFTI OSPITA OSPI		above (I) (we) (did) (did n	of view to body at Mr death.			death accurred an the date and ha	
by the hor ERAL DIRECT of detoched State Dept.		Tavro	(XWell	y MI		MEDICAL STAFF DIRECTOR PHYSICIAN	3/10/SE
TO HOSPITAL TO FUNERAL Should be der with the State		David F	S-Weber		65H 560	11 Lock Raver	n Blud.
	23a	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	Balto., Co.	COUNTY A A STATE
BP			3/13/86	Park			
DHMH - 16 60M 7/84	1	UNERAL DIRECTO Henry	AD	DRESS		MAR 1 3 1986	TRANK SIGNATURE PONDE
(VRA 15, 4)	1 4	4905 York Roa	ad Balto. N	VID 21	212	MILLI TO 1000 %	

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DHMH - 16 60M 7/B4

(VRA 15, 4)

	STA	ATE C	F M	ARYL	AND	
DEPARTME	NT OI	HEA	HTJ	AND	MENTAL	HYGIE
	CERT	IFIC	ATE	OF	DEATH	

5. DATE OF BIRTH MONTH

YEAR

FIRST

17 INFORMANT

arres

inDalien

REG. NO. 2a DATE OF DEATH 26 HOUR 86 457 A AGE UNIVEARS LAST BIRTHDAY IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED DIVORCED [12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE 20000 APPROXIMATE INTERVAL

underlying couse lost dragar PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER)

19 86

Subject burned self on stove.

21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)

Torated alvod

211. LOCATION 1841 Dover

STATE

22a.1 certify that (1) this hospital) attended the deceosed from sow the deceased alive on above (II) we (idid) (did not) view the body after death.

DEGREE ATTENDING

(our) opinion dat

COREDICATION APPROVED BY MEDICAL EXAMPLESIGNED PHYSICIAN DIRECTOR PHYSICIAN

and from the causes stated

IN THE SICIAN'S NAME (TYPE OF PRINT) h, mana

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

NOT WHILE

23¢ NAME OF CEMETERY OR CREMATORY 3/27/86 Glen Haven Mem. Pk.

and that in

Glen Burnie, A.A. Md

24 FUNERAL DIRECTOR

- STATE REGISTRAR

YPE OR PRINT

1 SEX

13a STATE

CERTIFICATION

MEDICAL

M

14 FATHER'S NAME

DECEASED NAME

FIRST

emale

WOUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (o), stoting

21d INJURY OCCURRED

TO BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

()

4 RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for Iot, (b), and ic PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (0)

hite

GIVE RESIDENCE BEFORE ADMISSION SITY OR TOWN

LAST

166 SOCIAL SECURITY NO

cardiac

resp. arres

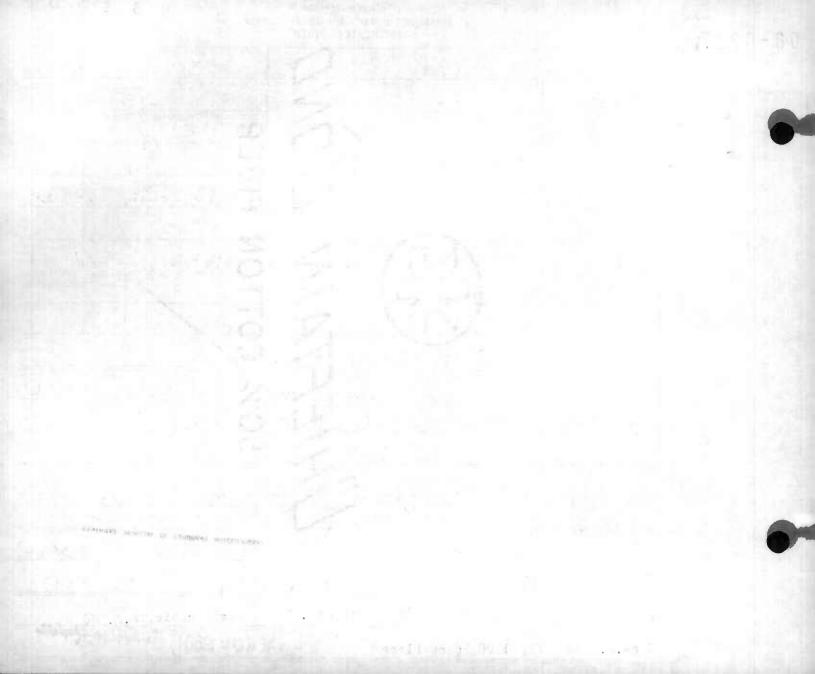
DUE TO, OR AS A CONSEQUENCE OF

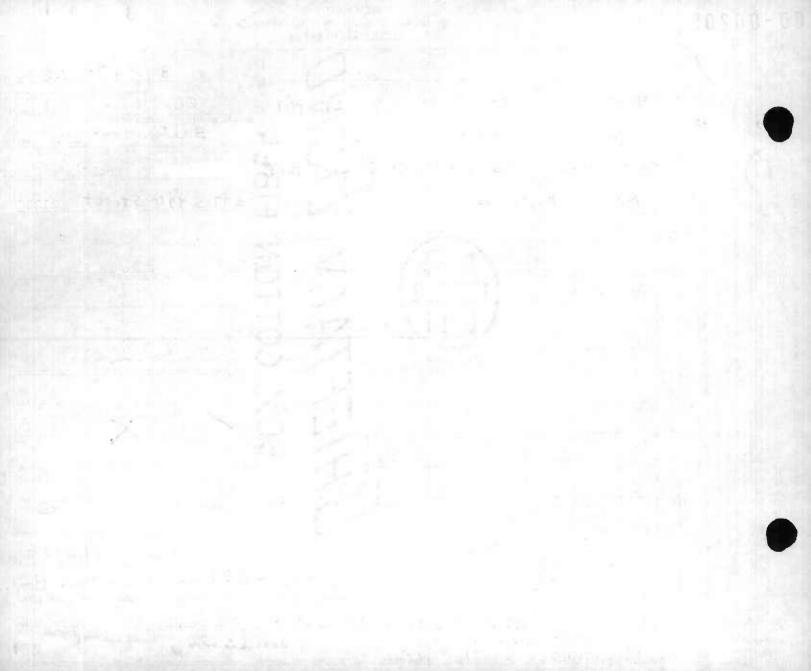
76 CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL, NURSING

Chas. A. Rice FSPA 1300 Eutaw Place

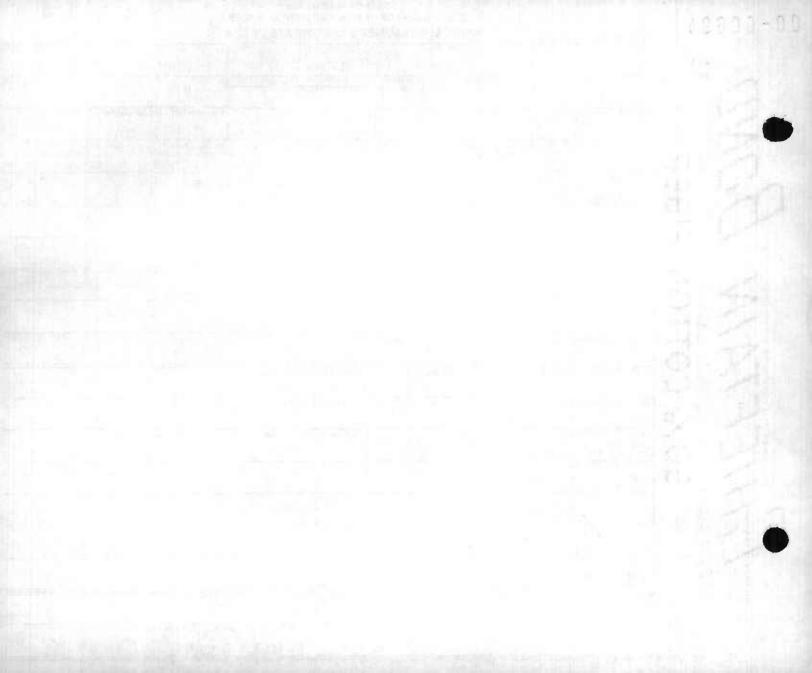
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(VRA 15, 4)

00-	00694	11-	FOR STATE REGISTRAR					MENT OF I	EALTH		ENTAL H	YGIEN F DEA	5 TH	Q REG.	8	23	S
	War a 8 12	1. DE	CEASED NAME	FIRST Herbe	rt	8	WIDDLE		Talo	omack			Or	KNOWN ESTI-	XX MONTH		
	RECTOR UR FILES 2 HOUR	3. SEX	1000	RACE	5 DATE O	F BIRTH DAY	ewis YEAR	6, AGE (IN YEA	RS IF UN	DER I YR.	IF UNDER		2c. DATE PRONOUN DEAD	1CED	3- MONTH 3-	DAY YE	AR 2d HOUR
1	GESSAR VERAL D OR YOU MITHIN 7	7a BI	Male RTHPLACE (STA	Black	76 CITIZE		26 TAT COUR	59 YR	MARRI	, ,	VER MARRI	ED 📋	9 BALTIM	ORE CITY	OR COUN	TY OF DEATH	
	AY IS NE FULLED, W	10. CI	irginia TY OR TOWN O Baltimo		[IF NOT I	N SUCH FAC	CILITY, GIVE	IRSING HOME	, OR OTH		DIVORCI	120 USU FOR N	AL OCCUP	PATION (1	e Cit	HAPE DIE	BUSINESS
21201	H. IF ANY DELAY IS NEGESSARY, PLEASE 1, 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED. WITHIN 72 HOURS I RECORDS, 201 W. PRESTON STREEL.	USUA 13a. S	AL RESIDENCE I	IF IN NURSING HOME (OR OTHER INSTIT		13c. CIT	ospital E BEFORE ADMISSIN OR TOWN TIMORE		13d. INSIDE (ITY LIMITS?	13e. STRE	Ram (ss 212	229	Balto	Refact
A O	ST. ST.	14. F/	ATHER'S NAME FIRST Unknown	1	MIDDLE			LAST NKNOWN		IS MOTHE	eatri	N NAME		IDDLE	ic ita.	LAST Womac	
BALTIMORE	S AFTER D GIVE PAG GIVE PAG GITH FOR PAGES IVISION O	16a V (Y	VAS DECEASED ES, NO, OR UNKNOV Yes	EVER IN U.S. AR.	MED FORCE WAR OR DATES - 53	S?		-30-047		17. INFORA	MANT		omack			nerne Ro	oad
7	HOURS AFTER DE ITM 18. GIVE PAGE OC. WITH FORMIT, PAGE FERMIT, PAGE SIENE, DIVISION OF		18 CAUSE OF PART I DE	DEATH (Enter on ATH WAS CAUSE IMMEDIA	N BV			ond (c).)								APPROXIV	ATE INTERVAL
. 201 W. PRESTON	WITHER NOTE IN THE PARTY OF THE		gove rise cause (a) lying cous		(le DUE	TO, OR	AS A CO	NSEQUENCE ()F								
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VITAL	E SHOUL VORD "I CHIEF BE USE NT OF H BURIAL	CERTIFICATION	21a. EXTERNAL			TIME OF		WHICH OPER			OCCURRE					20 AUTOP:	
DIVISION OF	RTIFICAT NG THE V SHOULD PARTME RIOR TO	MEDICAL CE	UNDERLYING	OR IG CAUSE OF	DEATH	DUR A.M. P.M.	MONTH	19		CATION	OCCURRE	D JENIER P	VATURE OF IN)	JURY IN ITEM	18 PART I OR P	ART 2)	
NO	TSTAGE	ME	WHILE AT WORK	NOT WHILE C	_ S1		ORY, FARM, I			TREET			CITY OR TO		CC	YTMUC	STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STATIMORE, MARYLAND, 2		22a I certify death resulte ACTUAL SIGNATURE	y that I taok charged years. Notus	e of the rem	7.	Accident		Autops	Homic TITLE (S	Inspection cide , PECIFY)	Undete	Inquiry	anner	ond in my o], DATE SIGN	3-17	-86
	O MEDIO XECUTE AGE 4 S O FUNE FTER DE	-	EXAMINER'S N (TYPE OR PRIN	T) Der	nis F	Sm					111 Pe			Balto)., Md	. 2120	1
07/84 25M		(5	Bu Bu	on, REMOVAL 1	3/21/		Gar	rrison		st Ve	terans	S	CATION	B	Baltim	Ore, Ma	state
	DHMH - 17 (VR A15 ME (5))			SONS FU					. 212		MAS	R 1 C	1005	S GA	E LEVEL	SIGNATURE	M.



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG. NO

Male Oriental Nov. 250,1896*** **Nov. 250,189		EASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	25 HOUR	
Male Oriental Nov. 25,1896*** 89 ****************************	TITPEC	CHUN	1000	Н.	WONG			3 1:	7 86	2:30	
BBIHFLACE TITLET CRITORION OF DEATH BBIHFLACE TITLET CRITORION OF DEATH USA SCHIZEN OF WAT COUNTRY? WAS DE VAS NEVER MARKED DNORCED DNORCED BALTIMORE CITY BALTIMORE CITY UNION MEMORIAL NURSING HOME OR OTHER INSTITUTION BALTIMORE UNION MEMORIAL HOSPITAL UNION MEMORIAL HOSPITAL UNION MEMORIAL HOSPITAL UNION MEMORIAL HOSPITAL BALTIMORE UNION MEMORIAL HOSPITAL UNION MEMORIAL HOSPITAL BALTIMORE THE SUBAL DECLARATION IN MEMORIAL HOSPITAL BALTIMORE THE SUBAL DECLARATION BALTIM	3 SEX		4 RACE	No. 33			6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS	
The BRITHACE CITY OR COUNTY OF DEATH USA WISH WARRED WISH ARRED USA WISH WARRED UNION MEMORIAL HOSPITAL UNION MEMORIAL HOSPITAL USUAL RESDERCE OF DEATH IS COUNTY BALTIMORE USA WARRED UNION MEMORIAL HOSPITAL USUAL RESDERCE OF DEATH USA WARRED USA WARRED UNION MEMORIAL HOSPITAL USUAL RESDERCE OF DEATH IS COUNTY BALTIMORE IS MOTHER SMADEN NAME STATE NOOLE STATE MOOLE STATE MOOLE STATE NOOLE STATE MOOLE STATE MOOLE STATE MOOLE STATE MOOLE STATE MOOLE STATE MOOLE FOON 18 WAS DECEASED EVER IN U.S. ARRED FORCES? NO 18 CAUSE OF DEATH Enter only one couse per line for 101, 10, 100 and 10. 18 CAUSE OF DEATH Enter only one couse per line for 101, 10, 100 and 10. 18 CAUSE OF DEATH Enter only one couse per line for 101, 10, 100 and 10. 18 CAUSE OF DEATH Enter only one couse per line for 101, 10, 100 and 10. 19 PART I. DEATH WAS CAUSED OUE TO. OR AS A CONSEQUENCE OF CONGITION, which gove rise to immediate couse i.0. stoling the underlying couse lost OUE TO. OR AS A CONSEQUENCE OF STATE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMANAL DISEASE OR CONDITION GIVEN IN PART I.0 ONE CONTRIBUTION COUSE OF DEATH YES DATE THE MUSIC ACCESSION OF THE ARRED OF COURTS OF THE ARRED OF CREATED TO THE TERMANAL DISEASE OR CONDITION GIVEN IN PART I.0 ONE CONTRIBUTION COUSE OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC ACCESS OF DEATH YES DATE ONE OF THE MUSIC		Male	Orienta	11	Nov	. 25,1896 YEAR	89		NINS DATS	HOURS MIN	
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BALTIMORE UNION MEMORIAL HOSPITAL US STREET ADDRESS / ZIP CODE 3213 AVON AVE. 21218 LAMI US STREET ADDRESS / ZIP CODE 3213 AVON AVE. 21218 LAMI US STREET ADDRESS / ZIP CODE 3213 AVON AVE. 21218 LAMI US STREET ADDRESS / ZIP CODE 3213 AVON AVE. 21218 LAMI LAMI	1	China	USA	100			BALTIMOR	RE CITY	Y		
DATE OF OPERATION So Consider the content of the	0 CIT	TY OR TOWN OF DEATH				OR OTHER INSTITUTION					
The country Baltimore Ba			UNION	MEMORIAL	HOSP	PITAL	Propriet	er	Lau	ndry	
Si Yan Wong Si Wong Si Yan Wong Si	30 S1					13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE			
Si Yan Wong Was deceased ever in u. s. Armed Forces? Was deceased ever in u. s. Armed Forces? It's ork was orkinatown (if it's ork was orkalts) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo It's cork was orkinated by the course per line for 101, (b), and (c) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo It's cork was orkinated by the course per line for 101, (b), and (c) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo It's cork was orkinated by the course per line for 101, (b), and (c) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo It's cork was orkinated by the course per line for 101, (b), and (c) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo It's cork was orkinated by the course per line for 101, (b), and (c) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo It's cork was orkinated by the course per line for 101, (b), and (c) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo It's cork was orkinated by the course per line for 101, (b), and (c) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo It's cork was orking the course per line for 101, (b), and (c) 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Mo 217-4-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7				Baltimor	re			n Ave.	2121	8	
SECULATION 18 CAUSE OF DEATH Enter only one couse per line for 10 1, 15, 10 and 10 18 CAUSE OF DEATH Enter only one couse per line for 10 1, 15, 10 and 10 18 CAUSE OF DEATH Enter only one couse per line for 10 1, 15, 10 and 10 18 CAUSE OF DEATH Enter only one couse per line for 10 1, 15, 10 and 10 18 CAUSE OF DEATH ENTER ONLY AND 10 18 CAUSE OF DEATH ENT ONLY AND 10 18 CAUSE OF DEATH ENTER ONL		FIRST	MIDDLE	LAST				Foo	on	т	
No 216-32-9478 Henry Wong 103 Allen Rd. Glen Burnie, Middle Middl	a W	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS	100	2106	
PART I. DEATH WAS CAUSE DBY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (0), stoting the underlying couse lost. (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Characterial Perent and tis DUE TO, OR AS A CONSEQUENCE OF (c) Due to OR AS A CONSEQUENCE			E WAR OR DATES)	216-32-94	78	Henry Wong	103 Allen R	d. Gle	n Burn	ie, Md	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stofing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF UNDERLYING COUSEND IN PART TO UNDERLYING COUSEND UNDERLYING COUSEND UNDERLYING COUSEND UNDERLYING COUSEND UNDERLYING COUSEND UNDERLYING COUSEND UND	T	18 CAUSE OF DEATH (Enter or	nly one couse per	line far (o), (b), and	ic I		TY-V-D-C-		APPROX BETWEEN	MATE INTERVAL	
Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF IVER DISEASE OF UNCESTAIN ETIZIONS VEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY 218 ACCIDENT WAS UNDERLYING 218 ACCIDENT WAS UNDERLYING 218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH YES NO NO 218 THE FIRST NOTES WEDKALE RAMINERS P.M. 19 216 HOW INJURY OCCURRED (ENIER NATURE OF INJURY HOME STREET FACTORY, OFFICE FARM, ETC.) 221 THE FIRST NOTES WEDKALE RAMINERS 222 ADDRESS 223 I Certify that TI) (this hospital) attended the deceased from 3 / / 3 . 19 . 8 . 10 . 3 / 7 . 19 . 8 . 10 . 10 . 10 . 10 . 10 . 10 . 10	-1			Sepsis	- 14				3-4	1 days	
OR CONTRIBUTION COLORS OF DEATH OR CONTRIBUTION COLORS OF DEATH If EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK 216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) 217 INJURY OCCURRED WHILE AT WORK 218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) 219 INJURY 220. I certify that (1) this hospital) attended the deceosed from 3//3 19 INJURY STATE 220. I certify that (1) this hospital) attended the deceosed from 3//3 19 INJURY STATE SOW the deceosed glive on 3//3 19 INJURY STATE SOW the deceosed glive on 3//3 19 INJURY (SUPPLY OFFICE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI		PART 2 OTHER SIGNIFICANT (CONDITIONS CO					7	N IN PART 1	0	
OR CONTRIBUTING CAUSE OF DEATH LIP ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d I	TIFICAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH C	OPERATIO	N WAS PERFORMED		IN CERTIFY!	NG CAUSES	OF DEATH?	
P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OF TOWN COUNTY STATE CITY OF TOWN COUNTY COU	E C				Y YFAP	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)	16	
22a. I certify that Ti) this hospital attended the deceased from 3/3 19 86 to 3/7 19 86 that Deceased from 3 19 86 ond that primy (our) opinion death occurred on the date and hour and from the causes state above (1) (week did add not) view the body after death. 22b SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/19/86 22c DATE SIGNED 3/19/86 22d PHYSICIAN'S NAME (14PE OR PRINT) 122e ADDRESS 120 5. Greene 57. Balton 40 38. BURIAL, CREMATION, REMOVAL 23b DATE (15PE OF PARK) See BURIAL, CREMATION, REMOVAL 23b DATE March 24,198 Lorraine Park Woodlawn, Baltimore Co., Mathematical Park Woodlawn	M										
226. I certify that Ti) this hospital) attended the deceased from 3/3 19 86 to 3/7 19 86 that Deceased flow on above (1) (well did did not) view the body after death. 22b SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/19/86 22d PHYSICIAN'S NAME (TYPE OR PRINT) The Control of the date and hour and from the causes state above (1) (well did did not) view the body after death. 22c. DATE SIGNED 3/19/86 22d PHYSICIAN'S NAME (TYPE OR PRINT) The Control of the date and hour and from the causes state above (1) (well did did not) view the body after death. 22c. DATE SIGNED 3/19/86 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22d PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR DIR	MEDI				RM ETC)		CITY OR TO	own	COUNTY	STATE	
226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/19/86 226 ADDRESS 1. L.		22a. I certify that (1) this haspi	3/1	9 19	1301		, 10			that (we) lo	
J. L. KRANT Z 120 S. Greene St. Balto no 18 BURIAL, CREMATION, REMOVAL 236 DATE PARK WOOdTawn, Baltimore Co., Mail		226 SIGNATURE	5 mp			ATTENDING					
March 24,1986 Lorraine Park Wood Tawn, Baltimore Co., Mar		220 PHYSICIAN'S NAME (TYPE OF	1	7		_	ne 50. B.	nlto M	0		
24 FUNERAL DIRECTOR 6500 VONE Pd 250 DATE RECAD BY REGISTRAR'S SIGNATURE OF THE	(5	Burial	23b DATE	24,1985 23c. N.	Lorr	emetery or Crematory aine Park	23d LOCATION WOOd awn,	Baltim	ore Co		

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached with the State Dept

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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VI.	- STATE REGISTRAR Betty L	ouise Wood	CERTIFI	CATE OF DEATH	REG. NO	D.		
	ECEASED NAME FIRST	WIDDIE	U) ere	SI	20. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR A
3. S		4 RACE White	5. DATE OF MONTH	DAY YEAR	6 AGE (IN YEAR LAST BIRT	MONT		UNDER 24 HRS DURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Florida	76 CITIZEN OF WHAT COUNTRY U.S.A.	/? 8 MARRIED WIDOWEI		9 BALTIMORE CITY O	MOTE	DEATH CITY	/ M
10 (Baltimore 1	11. NAME OF HOSPITAL, NURS PHOOT IN SUCH FACILITY. GMESTRE		Norther Institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOSTO) Packer		Class	Mfg.
130	UAL RESIDENCE (IF NURSING HOME C STATE 136 COU Maryland	ROTHER INSTITUTION, GIVE RESIDENCE BÉTCH INTY 13c. CITY OR TO Baltime	WN /	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 7849 East		ore St.	2122
3 14.1	FATHER'S NAME FIRST Elnar	Peterson LAST		15. MOTHER'S MAIDEN NAME FIRST Pear	1 Loc	kwood	LAST	
160	WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] [IF YES, G	RMED FORCES? IVE WAR OR DATES! 261 36	6394	17. INFORMANT Linda Keene	7848 E. ADBE			
)	PART I. DEATH WAS CAUS	only one couse per line for (o), O CED BY: NTE CAUSE (o) DUE TO, OR AS A CONSEQ	estien	Luy Arres	1		APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
7	Conditions, if ony, which gove rise to immediate couse (o1, stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF	, ¢ C.	Neek			
N N		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Tro	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS G CAUSES OF I	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	AIH	DAY YEAR	216. HOW INJURY OCCURI	RED (ENTER NATURE OF WILL	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC]	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	sow the deceased alive a	oital) attended the deceased from 1 12 19 101) view the body after death.	Ni-	2 19 86 d that in (my) (our) opinion	, to	3/12-19 ofe and hour on		t (1) (we) los ses stoted
	22b. SIGNATURE	(C	ATTENDING PHYSICIAN (MEDICAL STAI		3 12	1

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If hem 21 is

230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/15/86 urial

22d. PHYSICIAN'S NAME (TYPE OR PRINT

23E NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park

22e ADDRESS

23d LOCATION Baltimore

Maryland

STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Home 1407 Old Eastern Ave.

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injury, or other froum

MPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	1 -0	HOUR
	Julio Julio	a B	Wood		3	- 30	-86	720 M
1. SE	=	4 RACE	S. DATE OF BIRTH	YEAR .	6 AGE IN YEARS LAST BIR			INDER 24 HRS
		D	5 3	15	10	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	ARRIED -	BALTIMORE CITY	R COUNTY O	DEATH	
	1) Offe	U.S.A.	WIDOWED DI	ORCED	Balt	roms		MD.
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		ITUTION	12a USUAL OCCUPATI		12b. KIND OF BUINDUSTRY	ISINESS OR
	saltimore	universita	1 of Mary	and	Chart	ed ian	Educ	ation
13a S	AL RESIDENCE (IF NURSING HOME OR TATE 131 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		TY LIMITS?	13 SIREET ADDRESS	ZIP CODE		
	MD Ba	1+0. BALTIM	10RE YESTO		_ / / / /	IN ST	213	22
14. FA	THER'S NAME	MIDDLE LAST		MAIDEN NAM	MIDDLE		A LAST	
		AMI DOM!		LARTH			MILLE	R
	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEC	2-22 0		ADDRE			
	me	213-29	-3032 Kich	ard a	200d 5.	35 M	ain 5	1
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for tal, (b), o		1			APPROXIMATE BETWEEN ONSE	TAND DEATH
1		E CAUSE (a) Cardi	opulvnona	CY A	errest			
		DUE TO, OR AS A CONSEQU	A		(- A.		1	
	Canditions, if any, which	(1b) Me-	tastatic	Breas	st Cun	cer	14	V
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF					
		(10)						
Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	20g AUTOPSY?	120h IF YES W	VERE FINDINGS	LISED
IFIC						IN CERTIFYIN	G CAUSES OF	DEATH?
ERT	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN	JURY OCCURRE	YES NO	YES [10 []
	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211 LOCATIO	N				
W	WHILE ON NOT WHILE O	(AT HOME STREET FACTORY, OFFICE,	FARM, ETC STREET		CITY OR TO	WN	COUNTY	STATE
		tol) oftended the deceased from.	3-27	10 86	1 to 3 -	30 10	86 that	(li lwe) last
	saw the deceased-plive an.	3-30 19	86 , and that in (my)	aur) opinion de	eath occurred an the de	ate and havr a	nd Iram the caus	
	abave (1) (we) (did) (did nat	view the bady after death	DEGREE				22c. DATE SIGN	
	(Jane (Munn		TTENDING THYSICIAN	MEDICAL STAL		3-30	3-86
	224 PHYSICAN'S NAME (CHEO	(PAUL)	22e ADDRES			1		
	Jane	A Duinn	93.	s Gre	ene St	Bul	timor	6 My s
	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR C		234 LOCATION			
(SPECIFY Bunal	4-3-86 1	Idway BAP	Church	Cumber		O. A V	Q A
24. FU	INERAL DIRECTOR		- 10	25a. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	
	James A	mostan MADDRESS	701-31 Laure	LY API	R O 1 1986	gua da	uldson-Adr	rdell.

A morton MADDRESS NOI-31 Laurens

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	AND STATE	J/ J	immy	L	.eslie	Woo	dard	Ros	ella	~	DOLE	Horne	
UMO	B-000		WAS DECEASED EVER	(IF YES, GIVE W		166. SOCIAL	SECURITY NO.	17. INFORM	TAANT		ADDRESS		
BALTIMORE	Kane V		Yes			239-6	0-3469	Fanni	e Woo	dard 2638	Oswego	o Avenue	
77.			18 CAUSE OF DEA PART I DEATH V	TH (Enter only	one couse per line					100		APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEATH
PRESTON ST.	I DOWNS		TAKTIDEATTI	IMMEDIATE	CAUSE (a)			ic card	diovas	cular di	sease		
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4	PARA MA		gave rise to	immediate	(b)								
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8	AND AND		PART 2 OTHER SIGNIFICATION	NT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT BELATED	TO THE TERMINAL OIL	CACE OR CONDITION	CINEN IN BAR				
DIVISION OF VITAL RECORDS	SEEDCUTT ENDING" IN WEDICAL EX AS A BURIA ALTH AND CREMATION	Z				WOT NOT BELANCO	TO THE TERMINAL OF	CKSE OK CONDITION	OITEN IN TAK	1 1 (0)			
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ISIA	CERTIFING DED TO DEPAIL	MEDICAL	WHILE NOT	RED		OF INJURY (, TORY, FARM, ETC.)	AT HOME, 211	LOCATION		CITY OR TOX	WN	COUNTY	STATE
٥	WR WAR		AT WORK AT V	VORK									
	ATE, ORV		22a I certify that	I took charge	of the remains de	scribed abave,	held an Aut	opsy X,	Inspection	, Inquiry	, ond	n my opinion	
	MIN		death resulted from	n: Natura	I causes X.	Accident	, Suicide	, Homic	ide .	Undetermined mo	inner .		
	WAR WAR		ACTUAL	Maria	in A	0//	00	TITLE (SI				0.475	
	SESE E	1	SIGNATURE	AMONA	Sign All	L. W		M.D.ASSIS	stant	MEDICAL EXAM	INER	SIGNED 3-24-8	5
	TO MEDIC EXECUTE TI PAGE 4 SH TO FUNER AFTER DEA BARTIMORI	1	EXAMINER'S NAME				77 44 7			5 61			
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL DIRECTOR, PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH PATHWORE, MARYLAND, 21201 PRIOR TO BURIAL, CEN	73a B	(TYPE OR PRINT)		argarita b DATE		ell, M.D.		111	Penn Str	eet		
07/84		(Burial		3/29/86		t Haven			Wilson			TATE
25M	J	24 F	UNERAL DIRECTOR				c maven		75a. DATE RE			N.C.	
	DHMH - 17 (VR A15 ME (5))	W	illiam C.	March	F/H West		ahash A	venue	MA	R 2 6 top	gutte	Davidson About	EL.
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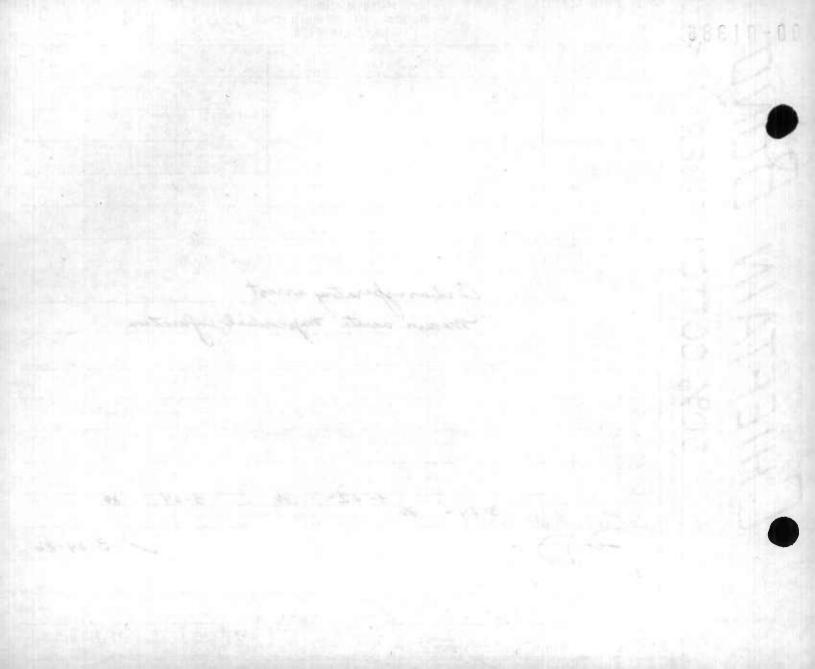
n-nnn16	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 0 8 2 3 8
, 0 0 0 0 1 1		CEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
noy be	(I YPE	AUDREY	WOODEN	MARCH 5, 1986 10:30 M
le 4 moy	3 SE	EPUALP	Neapo S. Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
900	70. BI	RTHPLACE (STATE OR FOREIGN) COUNTRY) RGINIA	U.S. A. WIDOWED DINORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.
	2	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
trand 212 thin 24 hour should be in should be in	130	AL RESIDENCE IF NURSING HOME OR OTHER	TY INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	130 STREET ADDRESS / ZIP CODE 21201 1 West Conway APT 405
omplete on I and 2	(WILLIAM	Mear's Annie	B. MIDDLE REVELLE
be exected on ond's Propestion on ond's Propestion on ond's Propestion on ond's Propestion on ond one of the o		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	AED FORCES? WAR OR DATES! 219-01-8796 DOR'S BA	1 49265T GENRALS AVE.
rificote physici phosper physici proper physici proper physici physici physici physici		PART I. DEATH WAS CAUSED	y one cause per line factor, (b), and ich BY E CAUSE (a)	APPROMATE INTERVAL BETWEEN ONSET AND DEATH Z WES
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN The low requires that the death certificate be executed within 24 offending physician and fompletely filled os the buriol-fronsit permit. Then please periode carbon papers. Pages 1 and 2 should the ond Mental Hygiene prior to burial, cremation, or removal.	17/10	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) CHROMC LYMPHOLYTIC DUE TO, OR AS A CONSEQUENCE OF	- Lynpitona 5 yrs
ORDS, 20	TION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
TAL REC	CERTIFICATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO
OF VIT		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		ED (ENIER NATURE OF INJUNY IN ITEM 18 PART 1 OR PART 2)
VISION G PHYS G PHYS G PHYS s the bus c and Me c and Me c and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
END olo olo OR A Heol		220.1 certify that (1) this haspite sow the decease halive on above (1) (we) aid (did nat	3/5 19 8 and that in my (aur) apinion of	to 19 to the course stated the course stated
AL OR AIT the hospit AL DIRECTO detoched for one Dept. of		22b SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN DE 3/5/66
HOSPII		220 PHYSICIAN'S NAME ITYPE OR MICHAELS		TUEY MED CNTR
D of D of M	230. E	URIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CHEMATORY 3-10-86 CVPT IN NAM VOTERA	23d LOCATION COUNTY STALE
DHMH - 16 60M 7/B4 (VRA 15, 4)	21 El	ineral director		RECD. BY REGISTRAR 238, REGISTRAR'S SIGNATURE



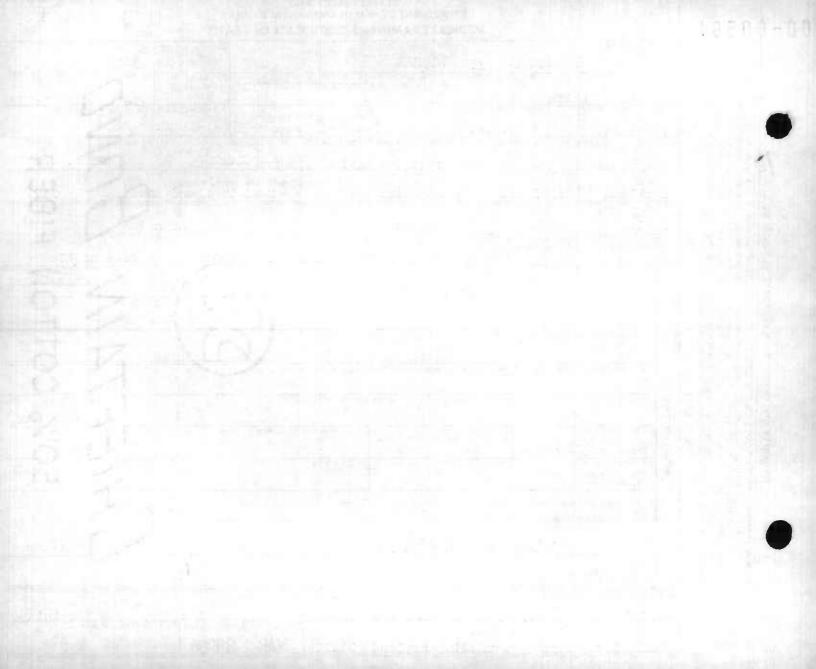
STATE OF MARYLAND

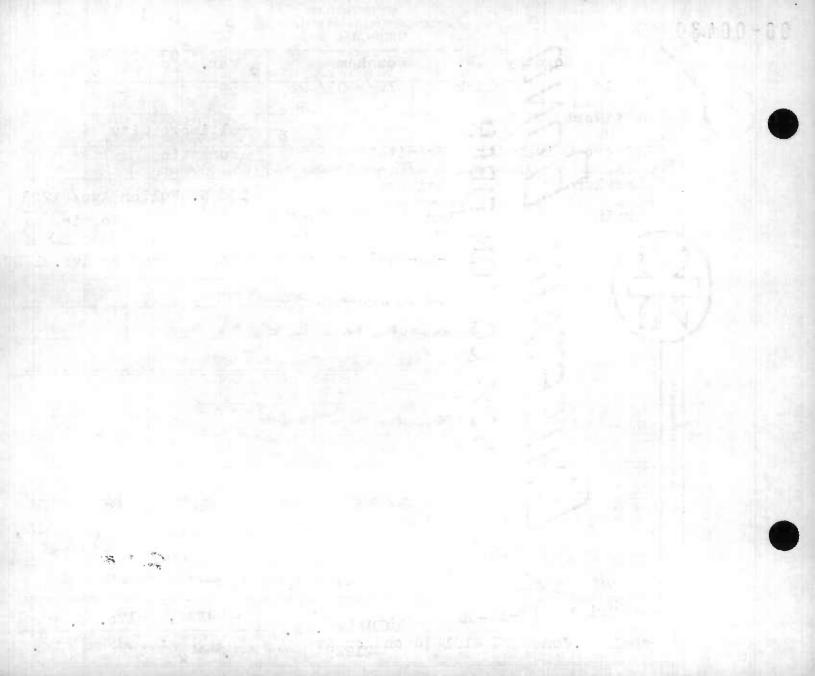
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0-01386	1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	0 8 2 4 0
1 71		CEASED NAME CharTes	les W	woolridge	3 -	MONTH DAY YEAR 26 HOUR 24 86 1247
2000	100	ale	Caucasian	5. DATE OF BIRTH 6 24 DAY 34	6. AGE (IN YEARS LAST BIRT	YRS MONTHS DATE HOURS MIN
135		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	Baltimo	
) 引光	B	altimore	St. Agnes Ho		120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF Building	WORKING LIFE) INDUSTRY Fed.
35	По. 3	AL RESIDENCE (IF NURSING HOME) STATE MD ATHER'S NAME			13. STREET ADDRESS / 1691 Lan	zip code gford Rd. 21207
030				ridge Jennie	MIDDLE	Unknown /
Property of			TI 220-36 -		Woodridge	
quires that the death or signed by the attending Their please remove cart to bursal, cremation, or righty, or other trayements	NO	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUE	re acute myour	urdeal infa	
The law is	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
A Priving physical and a service of physical results of the service of the servic	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED WHILE AT WORK AT WORK	TH HOUR A.M. MONTH D.	19 211 LOCATION	RED (ENTER NATURE OF INJUR	
HOSPITAL OK ATTENDIN med by the haspital or FUNERAL DIRECTOR: At and he demanded his case of the State Days of Health ORFANT II hem 21 is man		22a I certify that (I) (this hosping saw the deceased alive an above, (I) (well did) (did not 22b S II) (III) (III)	I) view the body after death.	3-22- 19 80 So and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [, 10	te and hour and from the causes stated 220 DATE SIGNED
BP		SURIAL, CREMATION, REMOVAL SPECIFY Burial	4 - 4	Name of CEMETERY OR CREMATORY oodlawn Cemeter	23d LOCATION CITYORTOWN V Woodlay	wn Balto. MD
DHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR MacNabb Funer	al. Catonsvil		FAR 2 6 1986	STATE STRINGS SIGNATURE



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00 - 0	0231		REGISTRAR		ME		XAMIN	IER'S C	CERTIFIC	CATEO		, i	REG. NO.		
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	E WOOD	10 C	ITY OR TOWN C	F DEATH	11. NAME OF HO			E, OR OTH	IER INSTITU	TION	12a USUA	L OCCUPATION	ON (TYPE OF WO	ORK 126 KIND OF I	BUSINESS
12	STORE OF	L	Baltimor	·P	Franci			Medi	cal C	'enter			APE)	Beth.	
12	SERVICE SERVICE	USU	AL RESIDENCE ()	FIN NURSING HOME C	OR OTHER INSTITUTION, G	IVE RESIDENCE	OR TOWN	ION)	113d INSIDE C			TADDRESS			
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9	THEREAL		ATHER'S NAME						15. MOTH	ER'S MAIDE					
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Q.	State of the state	16a \	WAS DECEASED	EVER IN U.S. AR			AL SECURIT	Y NO.	17. INFOR	MANT		ΑĪ	DDRESS		44
BALTIMOR	TED WITHIN 24 HOURS AFTER DEATH N PENCIL IN ITEM 18. GIVE PAGES I. ACAMINER ALONG WITH FOR MALAL. TRANSIT PERMIT. PAGES I. M. MENTAL HYGIENE, DIVISION F. N, OR REMOVAL.	N	res, no, or unknow	(H- YES, GIVE	WAR OR DATES)	217-	05-54	57	Lewi	s A.	Worre	11	Sa	me as 13	e
	S W G		18 CAUSE OF	DEATH (Enter an	ly one cause per line	far (a), (b),	ond (c).)							I APPROXIM	ATE INTERVAL
TS N	P N N N N N N N N N N N N N N N N N N N		PARTIDEA	TH WAS CAUSED	D BY: TE CAUSE (a) A			otic	cardi	OVASC	ular	diseas		BETWEEN ON	SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	A LONG		The said	MARCOLA	DUE TO, OF					· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>and</u>			4
	ANSIA KEM			, if any, which to immediate	(b)										
>	OR TRIEN		cause (o) s	toting the under-	DUE TO, OF	AS A CON	SEQUENCE	OF							
201	ON MANAGER A		lying couse lost. (c)												
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V √	WE WE	- M	210 EXTERNAL		21b. TIME O		B. W. WE.	21c. H	OW INJURY	OCCURRE	D (ENTERNA	TURE OF INJURY IN	ITEM 18 PART 1 C		
NO	SHOOT N		UNDERLYING	G CAUSE OF E		A. MONTH	DAY YEAR	*							
/ISIG	CERTING TING DEPA DEPA 1 PRI	MEDICAL	21d INTURY OF	CURRED	21e PLACE	OF INJURY	(AT HOME,		CATION						
á	THIS C WARDI PAGE : TATE D 21201	E	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ET	C.)		STREET			CITY OR TOWN		COUNTY	STATE
					f.i. : 1	1 1 1						Inquiry X			
	EXAMINER: CERTIFICATE ULD BE FOR I, WITH THE S MARYLAND,		death resulted		e of the remoins de			Autop		Inspection			and in m	y opinion	
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	H. A. S.		ACTUAL	M	July	M	460	11	,	PECIFY)		AL EXAMINER	DA		1-86
	ZHREAT A	/	SIGNATURE_	4	Mangarit	2 N I	Toxoll					al examiner Street	SIC	SNED 3-1	1-00
	WE EN CHANGE		EXAMINER'S N	AME	Margarit	a A. r	orem	-	ADDRESS_	III P	em s	rreer			
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO PO FUNERAL DIRECTO AFTER DEATH, WITH THE BALLIMORE, MARYLANI	23c. B	URIAL CREMATI	ON, REMOVAL 2	36 DATE	23c. N	AME OF CE		R CREMATO	ORY	23d. LOC	ATION			
07/84	BP	- (1	urial		3/13/86										STATE
25M		24 F	UNERAL DIRECT	OR Duda - Pr	uck, Inc.	I DE	ECHWO	Ju_CE	mecer	750. DATE R	REC'D. BY R	EGISTRAR 25	h REGISTRAR	Virgi TS SIGNATURE	IIId
	DHMH - 17 (VR A15 ME (5))			a Avenue		lk, Ma	molan	d 2.	1222	MAF	110	1986	الماسط بعد مجاود	dam Janda	
		-	JEE MIS	Avenue	Durida	110	TYTAII	<u>u</u>	1444	1111-11	110	13/00 1/		Anna Maria	





Baltimore St. Balto. Md.2

FOR - STATE

DHMH - 14 60M 7/84

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Moran, Inc. Funeral Home DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO.

STATE

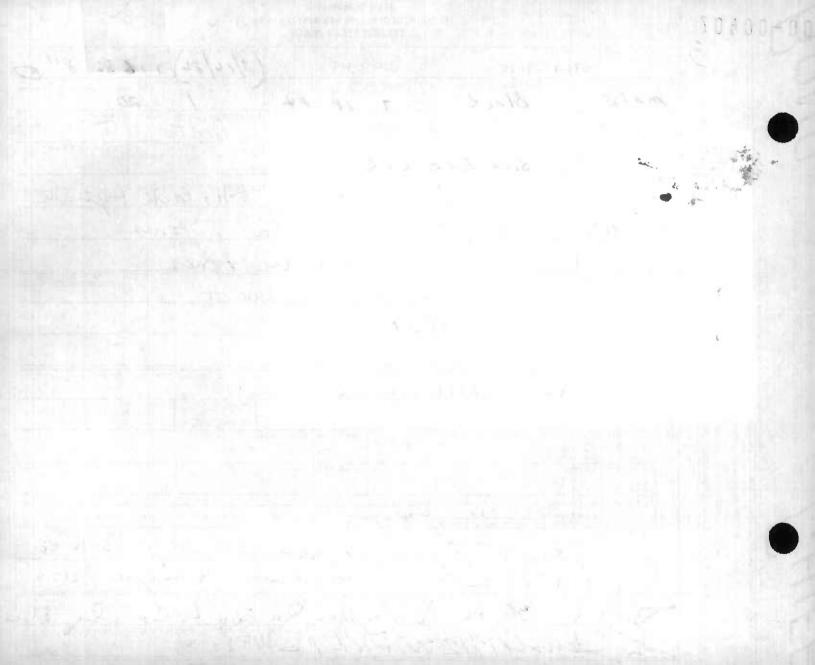
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CONTRACTOR SEEZ 48/E/B GRUTHATARE JA SEULO 68 08 11 STIND 3 MY W. Va. V.S. P. Zondowne C. ty Exceptioned Drivers for the position of montest 10 SA-12 2 28 X-9-16.5 SHIPPIS A SHIP I THE WAR TO SHIPPING THE PROPERTY OF THE PROPERTY O tours money essos - and - mas I today @ - se statustyn - until another 5 / Decot ODS 20 9/0 AND TO PERSON STORY - TO INC/A 28 E/E 20 86/2 / E/E -38/5/E X LOND E-NOT with the temporal 2 56 Jedir ittl Gametrir wertfagere, ad. 21225

			STATE OF MARYLAND	
00 0070		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()	4 4
00-0072	71-	STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
0012	-	REGISTRAR	REO, NO.	
		PE OR PRINTI		DAY YEAR 26. HOUR
1900000			DEATH MATERIAL	14 10 00
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18202V	L		2 - 7 (14:00 12:15
\$00 PP				14 1986 Ta M
2000 FILL	10 6	SIRTHPLACE (STATE OR) / CITI	IZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
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254年	10.0	ITY OR TOWN OF DEATH	Dai Cimore City	MD. KIND OF BUSINESS
こ業は豊富くフ	6		NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
502	JI P	altimore	851 George Street Housewite	
SERGE		AL RESIDENCE (IF IN NURSING HOME OR OTHER IN	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION).	121
21201 AND 3 T RETAIN FOULD	130	STATE 1/1 136. COUNTY	134 INSIDE CITY LIMITS? 136 STREET ADDRESS	5-10-10
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G NEWS	14.6	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
一	14 /	FIRST / A MIDDLE	FIRST MIDDLE	LAST
単 気限に急ない(15	KTHUK	RANTION JERVINE SON	155
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E E E E E E E E E	-	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DA	PATES) BY STATES	101167
S AN		NO 1	LAVERLY WAYGHT 106 PE	74CH 01.
: 583-0		18 CAUSE OF DEATH (Enter only one ca	ause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSED BY:	Cirrhogia	BETWEEN ONSET AND DEATH
STON S V 24 HO V ITEM I V I I I I I I I I I I I I I I I I I I		IMMEDIATE CAUSI	3E (0)	
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EALLS WELL		Canditions, if any, which		
W. W		gave rise to immediate	(b)	
> 202.20		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
201 W. PRE UTED WITHI IN PENCIL I EXAMINER IIAL TRANS O MENTAL H ON, OR REA	1	37 ing 20032 1031.	(c)	
S SE SE		PART 2 DINER CICNICICANT CONDITIONS CONTOURING	TIMG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
S CERTIFICATE SHOULD BE EXECUTED STINGS THE WORRD "FRODING" IN PR ROED TO THE CHIEF MEDICAL EXAM. E. 3 SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND MEI OF PRIOR TO BURIAL.	-	TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	THE DO DESTINABLE MELATED IN THE TERMINAL DISEASE OR COMPILION PLACE IN LAST 1 10	
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38 × 24 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
SHOULD SH	/ 2			
F VITA TE SHO WORD WORD EE CHIE ENT OF				YES X NO
OF ATE WEN WEN TO B	1 8		216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)
N SHEDSEN		UNDEKLTING WOK	HOUR A.M. MONTH DAY YEAR	
FRIFICATE SHOULD ING THE WORD "PE ING THE WORD "PE ING THE CHIEF A SHOULD BE LUED A SHOULD BE USED A FRIOR TO BURIAL, OF HE) 0	CONTRIBUTING CAUSE OF DEATH	P.M. 19	
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DIVISIO DIVISIO CICATE, WRITING F CRWARDED IT TOR. PAGE 3 SH THE STATE DEPAT AND, 21201 PRIO		22a I certify that I wak charge of the r	e remains described above, held an Autopsy 🛴, Inspection 🔲, Inquiry 🔲, and in my apini	on
EXAMINER: BE CERTIFICATE UNITE OF STATE WITH THE STATE WARYLAND,				
EXAMI CERTIFIC OLD BE DIRECT WARYLY		death resulted from: Natural causes	es XX. Acident , Suicide Hamicide Undetermined manner .	
EXAM CERTIL DILD B DIREC		(1 () -	Marile (SPECIEV)	
CAL EX THE CAL EX SHOUL FATH, W		SIGNATURE CLUW	MOSSISTANT MEDICAL EXAMINER SIGNED	3/14/86
SHORT HE STATE	2	SIGNATORE C	M.D. EXPERIENCE MEDICAL EXAMINER SIGNED.	37 147 00
MEDIC. CUTE TI TUNER FUNER FINOR	7	EXAMINER'S NAME Donnie E	Courth M N	
TO MEDI PAGE 4 TO FUND BAUTIMO		(TYPE OR PRINT) Dennis F	Smyth, M.D. ADDRESS 111 Penn St. Balto.MD.	
TO MEDICAL E EXECUTE THE OPAGE 4 SHOULD TO FUNERAL OF A SHOULD A SHOULD	23a.i	BURIAL CREMATION, REMOVAL 736 DATE	E 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION	
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DHMH - 17	74	FUNERAL DIRECTOR	25 DATE REC'D BY REGISTRAR'S SIG	NATURE
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Appendix of the

0-00407 1- FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	YGIENES 6 0 8	3 2 4 5
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Do not release co	y first!		15417 Park	Hytrave
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BALTIMORE.			- fones	
· · · · · · · · · · · · · · · · · · ·			ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	21e. PLACE OF INJURY	19 211 EOCATION SIREET	CITY OR TOWN	COUNTY STATE
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Sow the deceased of sow the deceased of sow the deceased of sowe, (I) (we) (did) (ive on 3 1 4 did not) view the bady after death	DEGREE /	on death occurred on the date and hour	22c DATE SIGNED
	ech y	ATTENDING		3-16.86.
TO HOSPITAL TO ING BATTER TO ING B	1 C. Brewer	2401 W. Beh	redere. Baltimore, M	10. 21215
BP.	OVAL 236 DATE 86	3. NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TO IN	COUNTY
DHMH - 16 50M 4/83 (VRA 15, 4)	mole 19/19/00		DATE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE



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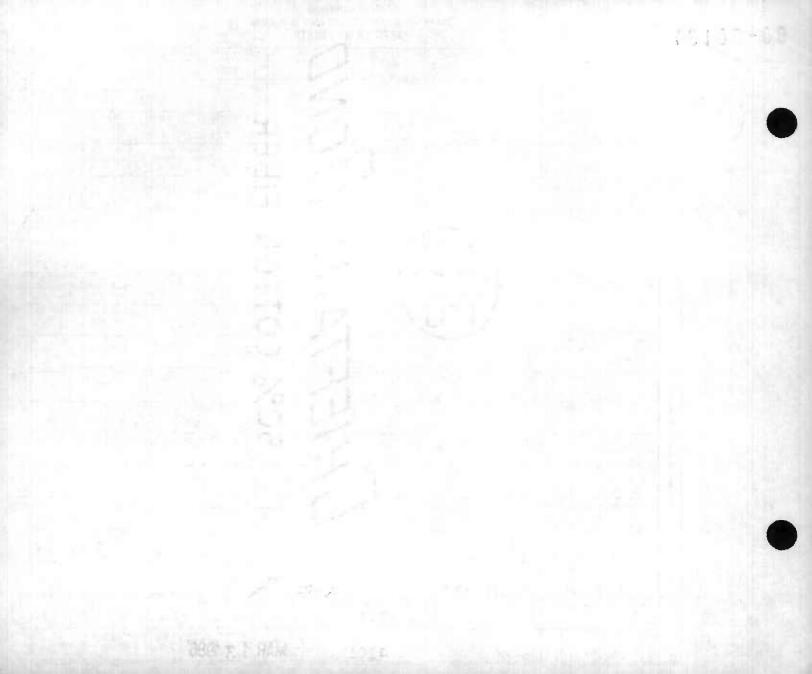
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 2

10-00 6	1	STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND CERTIFICATE OF		REG. NO.	8 2	4/
V		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
9 CH	(Little		herine	Young		March 9, 1986		7:50P.M.
OE THE	3 SE	X	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ge 4		F	В	9 26	30	55 YRS.		MIN.
e feet turk		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVEL	R MARRIED X	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
to 8	M	ARYLAND	U.S.A.	WIDOWED	DIVORCED [Baltimore City		MD.
s offer o		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland General	al Hospital	ISTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING N/A		OF BUSINESS OR
24 hour	130 5	AL RESIDENCE (IF NURSING HOME O STATE 136 COU ARYLAND	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BALTIM	N 13d INSIDE	CITY LIMITS?	130 STREET ADDRESS / ZIP COL 1316 MYRTLE		21217
within etely 32 sh	14 FA	ATHER'S NAME	MIDDLE LAST	15. MOTHE	R'S MAIDEN NA	ME MIDDLE	LAS	ST.
ed w		SANDY	YOUNG	AN	NIE _		JACK	KSON
ond cond poges		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORM	MANT	ADDRESS		
be exec		NO	217-24	-3257 NA	THANIE	L YOUNG 1316		AVE .
ires that the death ce gned by the attending in please remove carb. buriol, cremation, arr ty, or other traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) SEIZURE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	DISORDER	ED TO THE TERM	nin al disease or condition G	IVEN IN PART 10	0
requ The or to	ě		ASCULAR ACCIDENT		300			
The low cion. It has be sit permit giene price shows on,	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH			YES NOW IN CERT	ES, WERE FINDIN TIFYING CAUSES YES []	NGS USED S OF DEATH?
CIAN: 3 physical phys		? (a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	AY YEAR	INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE	PART I OR PART 2)	
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ATTENDIN Septial or ECTOR, Ald for use of the of Healt		above XXwer /did XXX	ital) attended the deceased from			, to <u>March 9</u> , deoth occurred on the dote and ho		couses stoted
DIRE DOR		22d PHYSICIAN'S NAME (TYPE	in). //	DEGREE MO	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/	9/86
TO HOSPITAL retoined by the TO FUNERAL should be detained to the Store important.	730 5	Jonathan BURIAL, CREMATION, REMOVAL	D. Kushner,		Maryla	nd General Hosps	ital	
RP 23	F	BURIAL		EASTVIEW	K CKEMATORT	BALTIMORE	COUNTY	MARYLANI
DI		JNERAL DIRECTOR	1 20 00		25a DAT	TE REC'D. BY REGISTRAR 25h REGIS	STRAR'S SIGNAL	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

WM.C.MARCH FUNERAL HOME INC. 1101E.NOFTHAR



2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



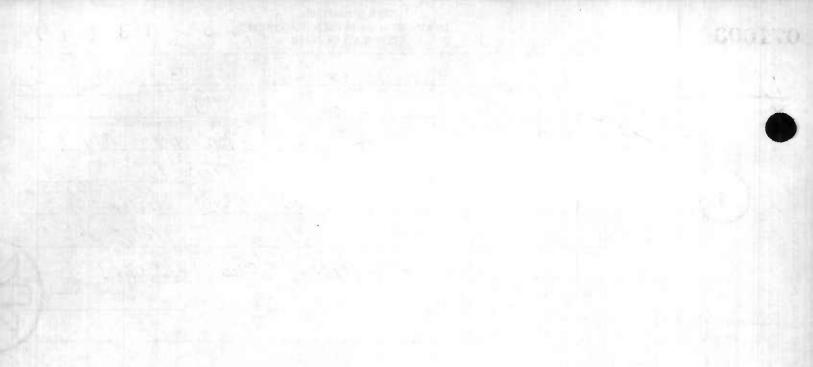
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E.L. Phillips

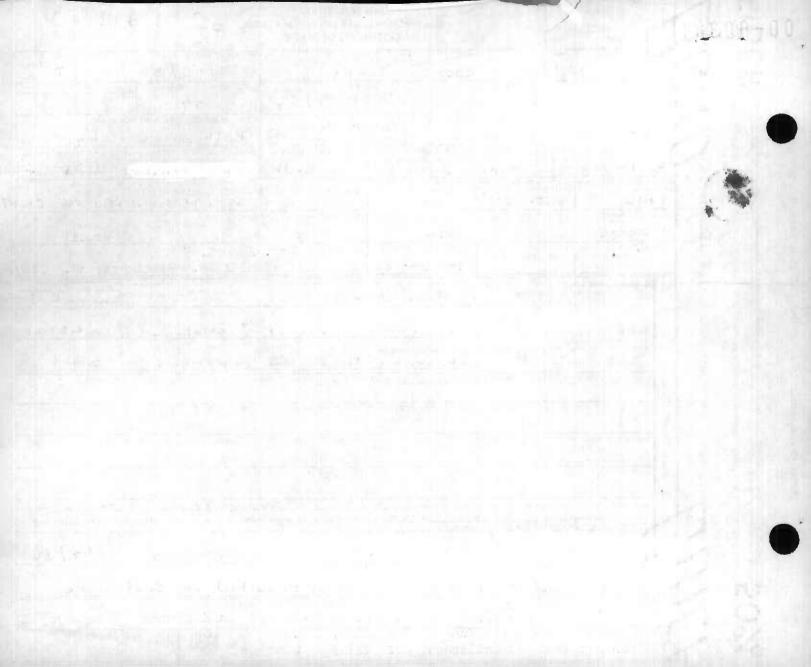
1721 N. Morras S

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Triidson Pandose



					STATE	OF MARYLAND		P 0	3 34	
0-00381	1.	FOR - STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HYGICATE OF DEATH	0	0 0	Es w	
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od od	3. SE	Х	4. RACE		5. DATE O	BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
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o min	/	Joseph		Young		Mary	FOLUE ALLE		Wass	il
D 0 0 1		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17. INFORMANT Mrs.	Anne E. ADYR	ung		
× 000		no no or unknown) (IF TES.	GIVE WAR OR DATES	193-16-	8664	3512 Milford		Baltim	ore M	D. 2120
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cot nysic oppound		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	only one couse per	r line for (a), (b), and	d tell					MATE INTERVAL DISET AND DEATH
the population of the populati		IMMED	IATE CAUSE (0)	cardine	- ar	rest			imm	rediente
ding or b			DUE TO C	OR AS A CONSEQUE	NICE OF					
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her the		cause (a), stating the underlying cause last.		R AS A CONSEQUE					1	1 4
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ne plu		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART IIO	
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ny or my	CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATION	LWAS PERFORMED	200 AUTOPSY?	Tanh IF YES Y	WERE FINDIN	GSTISED
de per	12								NG CAUSES	
The house	E						YES NO	YES		NO 🗌
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YSE ding	MEDICAL	21d. INJURY OCCURRED		OF INJURY	19	211 LOCATION				
PH end	¥			REET FACTORY OFFICE, F	ARM ETC)	STREET	CITY OF TO	WN	COUNTY	STATE
The Part of A		AT WORK NOT WHILE								
DI A Se		22a.1 certify that (1) (this ha	spital) attended th	he deceased from	3	17 19 86	2 to 3/1	2 19	86 1	that (I) (we) last
A CONTRACTOR	100	saw the deceased alive	on 3/1	2 10	86 and	that in (my) (our) opinion d	leath occurred on the di	ate and hour n		
AT OSP	100	obove, (I) (we) (did) (did	not) view the body	ofter death.						
OR e h		226 SIGNATURE	1 1	11/		EGREE			22c. DATE S	SIGNED
th the letter of		(mh	1 7:	Mu	1	1D ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🔯	3/1-	2/86
HOSPITAL need by the FUNERAL Jid be det the State		224 PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS				
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retained by the TO FUNERAL I should be deto with the State I IMPORTANT. If		Kichmon	ar.	Allan		Sinai Hosy	sital of	BOJE	That	-
Er	23a. l	BURIAL, CREMATION, REMOV			AME OF CE	METERY OR CREMATORY	23d. LOCATION	1.11		
BP		Burial	3/15	/86 M	ount (live Cemetery	Randall	stown	Baltir	more_MD
		UNERAL DIRECTOR Lori								
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	PLEASE RECTOR. UR FILES. HOURS STREET,	3 SEX		I. RACE	S. DATE OF			GE IN YEAR		DER 1 YR.	IF UNDER		2c. DATE	1050	MOI	NTH	DAY Y	EAR 2	d HOUR
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N. S.	JRS AFTER B. GIVE PA WITH FOF T. PAGES DIVISION	Y	es	1-24	-52 to la	2-31-52	215-	24 - 8	212	Mr.	Jose	eph	Zapf	16	27 N	land	or R	d.	
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o o	MEDICAL MEDICAL D. AS A BU MEALTH AN MEALTH AN	Z																	
DIVISION OF VITAL RECORDS,	R: THIS CERTIFICATE SHOULD BE EXECUTED WIT THE WRITING THE WOODD "FENDING" IN PENCI SWARDED TO THE CHIEF MEDICAL EXAMINE R: PAGE 3 SHOULD BE USED AS A BURIAL - TRA ESTATE DEPARTMENT OF HEALTH AND MENTA D, 21201 PRIOR TO BURIAL, CREMATION, OR R	CERTIFICATION	9a. DATE OF	OPERATION	19b. C	CONDITION	N FOR WHIC	H OPERA	TION W	AS PERFOR	MED?						20 AUTO	PSY?	
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		(1	YPE OR PRIN	T) An	n M. D	ixon,	M.D.			DDRESS_	111 P	ein ?	ot.,	balt	0.,	רוואו	2120	17	
	PA 5 PA 5	23a.BUR	IAL CREMAT	ION, REMOVAL	23b DATE	100	23c. NAME	OF CEME	TERY OR	CREMATO	DRY	23d. LO	CATION			COUNTY	,	STATE	
07/84	BP	, , , ,	Du	RIAL	3-28	-/480	& OR	KIA	WW	Cen	veter	VI	A/+	-140	Re	, 1	TAK	VI	DIM
25M	DHMH - 17	24 FUN	ERAL DIRECT	OR	7	ADDRESS	-	263.	S.Cox	UKIAH	250. DATE	EC'D. BY	REGISTRA	R 25b R	EGISTRA		NATURE	400	
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-02101	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 6	0 8 2	5 4
poge 3		CEASED NAME FIRST CLAS	RENCE RAYMOND Z	ARFOSS	20 DATE OF DEATH MARCI	MONTH DAY YEAR 1 29,1986	26 HOUR
ge 4 mo)	3. SE	Male	White	october 17,1907	6. AGE (IN YEARS LAST BI	RIHDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
nerol dir.	7a. B	RTHPLACE (STATE OR FOREIGN PORTION PROPERTY OF THE PROPERTY OF	76 CITIZEN OF WHAT COUNTRY? USA	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED		or COUNTY OF DEATH	MD.
by the fulled within	10 C	Baltimore	11. NAME OF HOSPITAL, NURSIN HENOTH SUCH FACILITY, GIVE STREET 110 E. Melrose	IG HOME OR OTHER INSTITUTION	126 USUAL OCCUPAT		F BUSINESS OR
24 hour could be must be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130 CITY OR TOW Baltimor	ADMISSION) N 134 INSIDE CITY LIMITS? YES YES NO	13e.STREET ADDRESS	/ ZIP CODE E. Melrose Av	re. 21212
mplerely and 2-sh	14 F/	Samuel Edward	MIDDLE LAST LAST	15 MOTHER'S MAIDEN NA LOTTIE	ME	LAS	
Poges		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN] (IF YES, GI	RMED FORCES? 166 SOCIAL SECU 705-10-8		Zarfoss	Same	61.21
equires that the death certifin is signed by the attending ph Then please remove carbang t to burial, cremation, or rem injury, or ather traumatic ever	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	INCE OF	Carcino M		2
on. hos bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	OF DEATH?
TAL OR ATTENDING PHYSICIAN: The ic y the haspital or attending physician. RAL DIRECTOR: After this certificate has detached for use as the burial-transit per face Dept. of Health and Mental Hygiene. NI If them 21 is marked or Item 18 shows.	MEDICAL CER	sow the deceased alive or above, (I) wey Vid (id) and no 326 SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET 7 19 25 . ond that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	RED (ENTER NATURE OF INJU	OWN COUNTY The ond hour and from the county The ond hour and from the county The ond hour and from the county are conditions.	STATE that (1) (we) last couses stated
TO HOSPITAL retorned by til TO FUNERAL should be det with the Stote		Davis		5601 Loch Ra	ven Blvd. H	Baltimore, Md	.21239
Bb ⊢ ≅ ₹ ₹	230	BURIAL, CREMATION, REMOVAL	236 DATE 236 N April 2,1986	JAME OF CEMETERY OR CREMATORY Druid Ridge	Pikesvil	le. Balto. Co	STATE

APRO 1 1986

74 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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